

<b>SOLICITATION, OFFER AND AWARD</b>			1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING	PAGE OF PAGES 1 191	
2. CONTRACT NO.		3. SOLICITATION NO. N62645-05-R-0009		4. TYPE OF SOLICITATION [ ] SEALED BID (IFB) [X] NEGOTIATED (RFP)		5. DATE ISSUED 22 Apr 2005	
				6. REQUISITION/PURCHASE NO. N0016805RCH1203			
7. ISSUED BY NAVAL MEDICAL LOGISTICS COMMAND 1681 NELSON STREET FORT DETRICK MD 21702-9203				CODE N62645		8. ADDRESS OFFER TO (If other than Item 7) CODE	
TEL: FAX:				See Item 7		TEL: FAX:	

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

### SOLICITATION

9. Sealed offers in original and 1 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in Bldg 1674 22T Ft. Detrick, MD until 04:00 PM local time 27 May 2005  
(Hour) (Date)

CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:		A. NAME CODE 02 - 24T	B. TELEPHONE (Include area code) (NO COLLECT CALLS) 301-619-8277	C. E-MAIL ADDRESS acquisitions@nmlc.med.navy.mil, ATT: Code 024T
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### OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within \_\_\_\_\_ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232-8)			
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14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)
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15B. TELEPHONE NO (Include area code)	15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE. <input type="checkbox"/>	17. SIGNATURE	18. OFFER DATE
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### AWARD (To be completed by Government)

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT	21. ACCOUNTING AND APPROPRIATION	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c)( ) <input type="checkbox"/> 41 U.S.C. 253(c)( )		23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)	ITEM
24. ADMINISTERED BY (If other than Item 7)	CODE	25. PAYMENT WILL BE MADE BY	CODE
26. NAME OF CONTRACTING OFFICER (Type or print) TEL: EMAIL:		27. UNITED STATES OF AMERICA (Signature of Contracting Officer)	28. AWARD DATE

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

Section A - Solicitation/Contract Form

CONTRACTOR IDENTIFICATION

Offerors must propose prices for all the minimum quantities and NTOs

Contractor Identification Codes:

TIN:

DUNS:

CAGE:

Navy Marine Corps Acquisition Regulation Supplement (NMCARS) PROMPT PAYMENT ACT  
For Prompt Payment Act purposes this contract is subject to the 7 calendar day constructive acceptance period.

## Section B - Supplies or Services and Prices

### SERVICES

B.1. The Contractor shall furnish qualified Health Care Workers in accordance with Section C (Statement of Work), individual Task Orders for these services, and all other terms and conditions set forth herein. Government requirements for contracted healthcare personnel shall be filled in response to Task Orders issued by the Government against this contract.

B.2. This solicitation will result in multiple indefinite-delivery/indefinite-quantity (IDIQ) contract award(s), as identified under FAR 16.504. Task Orders will be priced on a firm fixed price basis.

B.3. The following activity is the sole authority to issue Task Orders:

Naval Medical Logistics Command  
Code 02  
1681 Nelson Street  
Fort Detrick MD 21702-9203

B.4. Task Orders will be placed through the use of a DD Form 1155 signed by the Contracting Officer. Task Orders will be executed in writing by the Contracting Officer and transmitted either via mail, facsimile, or electronically via e-mail. If the order is transmitted via e-mail, the contractor shall acknowledge receipt of e-mail.

B.5. Each Task Order will contain at a minimum the following information:

- a. The date of order
- b. Contract number and order number
- c. Description of services (labor category, position qualifications, place of performance, hours of operation, and quantity required)
- d. The unit price
- e. The period of performance
- f. Accounting and appropriation data
- g. Payment office address
- h. Invoicing and acceptance instructions
- i. Name of the Contracting Officer's Representative (COR)
- j. Any other pertinent data

B.6. Location of services. Services shall be performed at locations as follows:

a. Performance of Healthcare Worker services at any DoD, or Coast Guard Military Treatment Facility (MTF) within the following geographical areas: Alabama, Arkansas, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, the eastern portion of Texas, Vermont, Virginia, West Virginia, and Wisconsin shall be considered within the scope of this contract.

b. In the event that performance requirements at a particular facility differ slightly from that expressed in Section C, those differences shall be defined in the task order statement of work that will be incorporated as an attachment to the Task Order.

c. Services for the minimum requirements shall be at the following locations:

(1) Lot 1. The contractors shall provide service at the Naval Hospital, Great Lakes, IL.

(2) Lot 2. The contractors shall provide service at the Naval Medical Clinic, Quantico, VA.

(3) Lot 3. The contractors shall provide service at the Naval Medical Clinic, Annapolis, MD.

(4) Lot 4. The contractors shall provide service at the Naval Medical Clinic, Patuxent River, MD.

(5) Lots 5 and 6. The contractors shall provide service at the National Naval Medical Center, Bethesda, MD.

d. The Government reserves the right to reassign health care workers within a Medical Treatment Facility (MTF) to meet patient demand.

#### B.7. Minimum and Maximum Quantities

a. All available quantities for this contract are given in CLINs 0001 through 0007 below.

b. The minimum quantities to be awarded from the total available quantities are summarized within each CLIN and are detailed in Lots 1 through 6. Minimum contract quantities will be awarded on a Lot basis. The Statements of Work for the initial Task Orders are contained in Attachments AA through AR as indicated in the schedule of services below.

B.8. The estimated ordering period is for 60 months, beginning with the initial start of contract services, or until the time the Government has issued Task Orders totaling the sum of the maximum quantities.

B.9. Instructions and procedures for subsequent Task Order preparation and award are contained in Section H of this solicitation.

B.10. The period of performance of any Task Order shall be of one year or less in duration.

B.11. Provided below is a schedule of services.

Line Item	Description	Maximum Quantity	Units
0001	Physician (Note 1) The quantity listed in the quantity column consist of both the minimum and the maximum quantities for this CLIN and are broken out as follows:  Minimum quantities: 0	850,000	Hours
0002	Allied Health (Note 2) The quantity listed in the next column consist of both the minimum and the maximum quantities for this CLIN and are broken out as follows:  Minimum quantities: 20,800 Hours	250,000	Hours
0003	Advanced Practice Nurse (Note 3) The quantity listed in the next column consist of both the minimum and the maximum quantities for this CLIN and are broken out as follows:  Minimum quantities: 0		

Line Item	Description	Maximum Quantity	Units
		150,000	Hours
0004	Nursing (Note 4) The quantity listed in the next column consist of both the minimum and the maximum quantities for this CLIN and are broken out as follows:  Minimum quantities: 32,080 Hours	832,000	Hours
0005	Technologist (Note 5) The quantity listed in the next column consist of both the minimum and the maximum quantities for this CLIN and are broken out as follows:  Minimum quantities: 34,360 Hours	416,000	Hours
0006	Technician (Note 6) The quantity listed in the next column consist of both the minimum and the maximum quantities for this CLIN and are broken out as follows:  Minimum quantities: 23,280 Hours	208,000	Hours
0007	Assistant (Note 7) The quantity listed in the next column consist of both the minimum and the maximum quantities for this CLIN and are broken out as follows:  Minimum quantities: 0	208,000	Hours
0008	Travel FFP - Reimbursement of travel expenses in accordance with Section C.11. of this contract and individual task orders.	TBN	Lot
0009	Incentive Award	TBN	

Note 1. Any specialty recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or other doctorate positions such as Medical Physicist not included in another labor band.

Note 2. Allied Health Personnel include, but are not limited to, Audiologist, Chiropractor, Clinical Psychologist, Clinical Social Worker, Dietitian, Marriage and Family Therapist, Occupational Therapist, Optometrist, Pharmacist, Physical Therapist, Podiatrist, Speech Pathologist, Genetic Counselor.

Note 3. Any specialty recognized by the American Nurses Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP).

Note 4. Any Registered Nurse specialty, Licensed Practical Nurse, or Health Educator.

Note 5. Technologist Personnel include, but are not limited to, Cardiopulmonary Technologist, Cardiovascular Technologist, Dosimetrist, Echocardiograph Technologist, Medical Technologist, Ophthalmic Technologist, Radiologic Technologist (including the various specializations), Laboratory Supervisor, Registered Respiratory Therapist, Certified Athletic Trainer, Perfusionist, and Radiation Therapist.

Note 6. Technician Personnel include, but are not limited to, Cardiac Technician, Central Sterile Supply Technician, Dietetic Technician, Electrocardiograph Technician, Emergency Medical Technician, Medical Laboratory Technician, Optician, Orthopedic Technician, Pharmacy Technician, Phlebotomist, Physical Therapy Technician, Psychiatric Technician, Pulmonary Technician, Certified Respiratory Therapist, and Surgical Technician.

Note 7. Assistant Personnel include, but are not limited to, Chiropractic Assistant, Occupational Therapy Assistant, and Speech Pathology Assistant.

Lot 1

NAVHOSP Great Lakes, IL Breast Care Center (Section J, Attachment AA); Radiology (Section J, Attachment AB)

Services for the period 1 Oct 2005 through 30 Sep 2006

Line Item	Description	Quantity	Units	Unit Price	Total Price
0004	Breast Care Coordinator Registered Nurse	2,080	Hours	\$	\$
0006	Ultrasound Technician	400	Hours	\$	\$
	TOTAL PRICE				\$

Lot 2

NAVMEDCLIN Quantico, VA Pharmacy (Section J, Attachment AC), Managed Care (Section J, Attachment AD)

Services for the period 1 Oct 2005 through 30 Sep 2006 unless otherwise noted

Line Item	Description	Quantity	Units	Unit Price	Total Price
0002	Pharmacist (Attachment AC)	2,080	Hours	\$	\$
0004	Lead Registered Nurse Case Manager (Attachment AD)				
	POP: 30 Sep 05 – 29 Sep 06	2,080	Hours	\$	\$
0002	Clinical Social Worker (Attachment AD)				
	POP: 30 Sep 05 – 29 Sep 06	2,080	Hours	\$	\$
	TOTAL PRICE				\$

Lot 3

NAVMEDCLIN Annapolis, MD Managed Care (Section J, Attachment AE)

Services for the period 1 Oct 2005 through 30 Sep 2006 unless otherwise noted

Line Item	Description	Quantity	Units	Unit Price	Total Price
0004	Lead Registered Nurse Case Manager (Attachment AE)				
	POP: 23 Sep 05 – 22 Sep 06	2,080	Hours	\$	\$

0002	Clinical Social Worker (Attachment AE) POP: 23 Sep 05 – 22 Sep 06 TOTAL PRICE	2,080	Hours	\$	\$
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## Lot 4

NAVMEDCLIN Patuxent River Managed Care (Section J, Attachments AF - AG)

Services for the period 1 Oct 2005 through 30 Sep 2006 unless otherwise noted

Line Item	Description	Quantity	Units	Unit Price	Total Price
0004	Lead Registered Nurse Case Manager POP: 30 Sep 05 – 29 Sep 06 (Attachment AF)	2,080	Hours	\$	\$
0002	Clinical Social Worker POP: 30 Sep 05 – 29 Sep 06 (Attachment AF)	2,080	Hours	\$	\$
0004	OB Registered Nurse Case Manager (Attachment AG)	2,080	Hours	\$	\$
	TOTAL PRICE				\$

## Lot 5

NNMC Bethesda, MD Managed Care (Section J, Attachment AH), Behavioral Healthcare Clinic (Section J, Attachment AI), Mammography (Section J, Attachment AJ); Neonatal Intensive Care Unit (Section J, Attachment AK); Pharmacy (Section J, Attachment AL),

Services for the period 1 Oct 2005 through 30 Sep 2006 unless otherwise noted

Line Item	Description	Quantity	Units	Unit Price	Total Price
0004	Lead Registered Nurse Case Manager (Attachment AH) POP: 21 Sep 05 – 20 Sep 06	2,080	Hours	\$	\$
0002	Clinical Social Worker (Attachment AH) POP: 21 Sep 05 – 20 Sep 06	2,080	Hours	\$	\$
0002	Licensed Clinical Social Worker (Attachment AI)	4,160	Hours	\$	\$
0004	Registered Nurse Case Manager Attachment AJ)	2,080	Hours	\$	\$
0004	Neonatal Intensive Care Unit RN (Attachment AK)	17,520	Hours	\$	\$
0002	Pharmacist (Attachment AL)	6,240	Hours	\$	\$
	TOTAL PRICE				\$

## Lot 6

NNMC Bethesda, MD Radiology (Section J, Attachment AM through AO); Pulmonary Medicine Department (Section J, Attachment AP); Central Sterile Department (Section J, Attachment AQ); Laboratory Medicine Department (Section J, Attachment AR)

Services for the period 1 Oct 2005 through 30 Sep 2006 unless otherwise noted.

Line Item	Description	Quantity	Units	Unit Price
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						Total Price
0005	Mammography Technologist (Attachment AM)	4,992	Hours	\$		\$
0005	Radiologic Technologist (Attachment AN)	9,115	Hours	\$		\$
0005	Computed Tomography Technologist (Attachment AN)	7,773	Hours	\$		\$
0005	Magnetic Resonance Imaging Technologist (Attachment AO)	8,320	Hours	\$		\$
0005	Respiratory Therapist (Attachment AP)	4,160	Hours	\$		\$
0006	Central Sterile Supply Technician (Attachment AQ)	2,080	Hours	\$		\$
0006	Medical Laboratory Technician (Attachment AR)	20,800	Hours	\$		\$
	TOTAL PRICE					\$

B.12. NOTE: Before submitting a proposal in response to this solicitation, a prospective offeror is encouraged to investigate the potential tax consequences should they elect to perform the resulting contract by using subcontractors in lieu of individuals carried on their payrolls. Under this RFP, the Navy does not dictate whether the individual health care workers provided would be classified by the successful offeror as an "independent contractor" or an "employee" for federal tax purposes. This determination shall be made solely by the offeror. If subsequent to award, the successful offeror's determination is challenged this shall be a matter to be resolved between the offeror and the Internal Revenue Service (IRS). The Navy will not consider favorably any request for equitable adjustment to the contract based upon the successful offeror's receipt of an adverse action by the IRS.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	THIS IS A SPACE HOLDER CLIN FFP FOB: Destination MILSTRIP: N0016805RCH1203 PURCHASE REQUEST NUMBER: N0016805RCH1203		Hours		

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NET AMT



## Section C - Descriptions and Specifications

### DESCRIPTION AND SPECIFICATION

NOTE 1: The use of Commanding Officer means: Commanding Officer or other activity head, or a designated representative, e.g., Contracting Officer's Representative (COR) or Department Head, of the activity designated in a particular task order.

NOTE 2: The term contractor means the offeror identified in block 15A of Standard Form 33 and its health care workers who are providing services under task orders placed under the contract.

NOTE 3: The term health care worker refers to the individual(s) providing services under this contract.

NOTE 4: The term MTF refers to the Military Treatment Facility or other Federal medical treatment facility at which services are performed.

### STATEMENT OF WORK

C.1 This Statement of Work (SOW) applies to all positions encompassed within this contract. Specific Statements of Work, for the Government's minimum quantity, are contained in Section J, Attachments AA through AR. Additional SOWs, for Section B, CLINs 0001 through 0007 will be included with subsequently issued Task Order Proposal Requests.

C.1.1 The contractor shall provide the healthcare personnel in accordance with the terms and conditions of this contract and each task order issued under this contract.

C.1.2 Contractor services shall be provided for the treatment of active duty military personnel, their dependents, eligible DoD civilian employees, and other eligible beneficiaries, designated by the Government.

### C.2 SUITS ARISING OUT OF MEDICAL MALPRACTICE.

C.2.1 The healthcare worker(s) is(are) serving at the Medical Treatment Facility (MTF) under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract.

C.2.2 The healthcare worker(s) is not required to maintain medical malpractice liability insurance.

C.2.3 Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C.3 SCHEDULES, ABSENCES, AND LEAVE. Each task order will specify the work schedule of each health care worker and shall specify whether the health care worker will either: (1) accrue leave as an individual and be subject to approval by the Government for scheduling accrued leave; or (2) not accrue leave under the task order and be subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

C.3.1 Individuals who accrue leave. Individuals subject to the provisions given in Section C.3.1 will be designated in the applicable task order. The Government will administer the leave provisions in this Section.

C.3.1.1 Individual health care workers who accrue leave shall accrue personal leave (annual leave plus sick leave) at a rate specified in the task order. The specific work schedule for an individual contractor health care worker who

accrues leave will be scheduled in advance by the supervisor (or designee) specified in the task order. Any changes in the schedule shall be coordinated between the individual health care worker and the Government.

C.3.1.2 Each health care worker shall adhere to MTF/supervisor policies and procedures for requesting leave, including requirements for advance notice. Requests by health care workers for taking accrued leave are subject to approval by the supervisor (or designee).

C.3.1.3 Contractors and health care workers shall ensure that leave requests are requested with sufficient time in advance to allow the supervisor to adequately plan for adequate staffing levels. Accumulation until the end of the task order period of large amounts of unused leave shall be avoided. To assist in avoiding accumulation of leave until the end of the task order, near the end of the task order period, the Government may allow a healthcare worker to take advance leave up to a maximum of the amount normally earned for two invoice periods.

C.3.1.4 The Government will compensate the Contractor for periods of authorized absence. The Contractor shall, in turn, compensate the health care worker for periods of authorized absence.

C.3.1.5 If the healthcare worker is absent for 3 or more consecutive unplanned days, the Commanding Officer may require written documentation from a qualified health care provider that the healthcare worker is free from communicable disease. The Government reserves the right to examine and/or re-examine any healthcare worker who meets this criterion.

C.3.1.6 A health care worker shall enter a leave without pay (LWOP) status upon exhaustion of any leave balance. Unless waived by the Contracting Officer, the Contractor shall replace any healthcare worker who has been on LWOP status for a total of 40 consecutive hours. At the discretion of the Commanding Officer, LWOP taken in conjunction with maternity leave is not subject to this limitation.

C.3.1.7 Upon request, up to 12 weeks of maternity leave, accrued leave plus LWOP, may be granted to the healthcare worker if either of two conditions should occur: (1) the birth of a son or daughter of the health care worker; or (2) the placement of an adoptive or foster care son or daughter with the health care worker.

C.3.1.8 Documented military leave for military reservists will be allowed, not to exceed 15 days per task order. This leave may be taken intermittently, i.e., 1 day at a time. Military leave is compensated leave. The health care worker shall follow the policy of the MTF with respect to notification of scheduled military duties to the Commanding Officer.

C.3.1.9 Administrative leave may be granted for healthcare workers selected to serve jury duty. Requests for administrative jury duty leave shall be submitted to the Commanding Officer in the same manner as planned leave is requested. The healthcare worker is required to provide the Commanding Officer with as much written notice as possible prior to reporting for jury duty, and is responsible for supplying documentation regarding the necessity for and length of absence for jury duty. A healthcare worker whose position is deemed critical by the Commanding Officer may be issued a written request for the court to excuse the healthcare worker from jury duty. The health care worker shall be compensated by the contractor for these periods of authorized administrative leave. No individual health care worker will be granted more than 15 days of administrative leave for jury duty per year; in those instances where a contract health care worker who accrues leave is anticipated to be in jury duty status in excess of 15 days, the contractor shall provide a replacement worker.

C.3.1.10 In the event that a task order allows a leave accrual position to be staffed by part-time individuals, no leave will be accrued by any individual who works less than 40 hours during a 2-week invoice period. This clause does not apply to labor categories covered by the Service Contract Act.

C.3.1.11 All accrued leave shall be forfeited without compensation or reimbursement at the expiration or termination of a task order or the contract or at the voluntary or involuntary separation of a contract health care worker. The only exception to this is in the case of a logical follow-on task order, which includes a provision for carry over from the expiring task order of a specified maximum leave balance for a defined period.

C.3.2 Positions for which replacement coverage is required. Positions subject to the provisions given in Section C.3.2. will be designated in the applicable task order. The Contractor shall be responsible for administering the leave for individuals filling coverage positions.

C.3.2.1 The Contractor shall have sufficient qualified reserve personnel so that all services are provided in the event a health care worker scheduled to work becomes ill, resigns, is terminated, or is otherwise unavailable to work. Contract requirements are not mitigated by inclement weather.

C.3.2.2 If a health care worker becomes ill or is otherwise unable to fulfill his/her obligation to work, he/she shall notify the contractor who in turn shall notify the COR.

C.3.2.3 The Contractor is responsible for replacing a health care worker who for any reason misses more than 2 hours of a shift.

C.3.2.4 The Contractor shall provide replacement coverage by a health care worker who meets the minimum health care worker contract qualifications and is approved for work (i.e., has been credentialed and privileged as appropriate and has satisfactorily completed orientation).

C.3.2.5 The contractor shall prepare the schedule of workers for all positions for which replacement coverage is required. Unless otherwise specified in the task order, the specific schedule for each 2-week period shall be provided to the COR 1 month in advance of the 2-week period. The schedule shall be complete and include the name of the specific individual(s) who will provide the required coverage.

C.3.3 Provisions for all health care workers.

C.3.3.1 Administrative Leave. For unusual and compelling circumstances (e.g., weather emergencies) in which the Commanding Officer either excuses all facility personnel from reporting to work or dismisses all personnel early, the Commanding Officer is authorized to grant administrative leave to the health care worker. This administrative leave may be compensated leave.

C.3.3.2 Furlough. Unless otherwise authorized by a defense appropriations bill, contractors shall not be reimbursed by the Government for services not rendered during a Government furlough. In the event of a Government furlough, the Commanding Officer will determine which contract employees are considered critical and therefore must report to work. Contract employees deemed critical shall be compensated for services rendered during a furlough. All other contract employees shall be furloughed until the Government shutdown ends or they are notified by the Contracting Officer's Representative that they have become critical employees.

C.3.3.3 A health care worker with a bona fide medical emergency occurring while on duty, or with an on-the-job injury, will be provided medical care until the condition is stabilized. The contractor shall reimburse the Government for all medical services provided unless the health care worker is otherwise entitled to Government medical services.

C.3.3.4 In the instance where the Government directs the health care worker to remain on duty in excess of their scheduled shift due to an unforeseen emergency or to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health, the health care worker shall remain on duty. The health care worker will be given an equal amount of compensatory time to be scheduled upon mutual agreement of the health care worker and the Commanding Officer. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the shift.

C.3.3.5 Health care workers providing services will generally (as specified in the task order) receive uncompensated meal breaks of 30 minutes when assigned an 8-hour shift and 45 minutes when assigned a 12-hour shift. The health care worker's shift will be extended 30 minutes or 45 minutes, respectively, to constitute a full 8

or 12 hours of on-site service. This includes extending the work shift beyond the scheduled clinic closing time to complete patient care and administrative duties. No contractor employee shall work beyond 12 <sup>3</sup>/<sub>4</sub> hours per shift.

C.3.3.6 Contractor employees may receive one compensated work break in the morning and one in the afternoon, workload permitting, at the discretion of the Government. Neither break shall exceed 15 minutes or be taken with the intention of extending the lunch break.

C.3.3.7 Continuing Education. The Commanding Officer/Commander may also grant authorization for planned absences to allow the HCW to attend continuing education courses. This is in addition to the planned and unplanned absences specified above. The Government may compensate the HCW for these periods of authorized absence if the continuing education courses are (a) in the best interest of the Government, (b) enhance patient care, and (c) the Government can reasonably expect to receive a benefit from the continuing education (time and cost considered). This compensation will not exceed 40 hours per 12 month Task Order, equivalently apportioned for part-time employees and/or partial year Task Orders. The Commanding Officer/Commander may also advance leave for continuing education. The Government will not reimburse the HCW for the cost of any course tuition and/or other related education expense but may choose to reimburse certain reasonable travel expenses using CLIN 0008. The HCW shall provide proof of attendance and successful completion of continuing education to the Commanding Officer/Commander upon request.

#### C.4 FAILURE AND/OR INABILITY TO PERFORM

C.4.1 Should a healthcare worker who accrues leave in accordance with section C.3.1 be unable to perform duties under any Task Order due to medical or physical disability for more than 13 consecutive days, that individual's performance under the Task Order may be suspended by the Contracting Officer until such medical or physical disability is resolved. If performance under the Task Order is so suspended, no reimbursement shall be made to the contractor for the affected health care worker so long as performance is suspended.

C.4.2 If clinical privileges of a health care worker have been summarily suspended pending an investigation into questions of professional ethics or conduct, performance under the Task Order may be suspended until clinical privileges are reinstated. No reimbursement shall be made to the contractor for the affected health care worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct will be reported to the appropriate licensing authorities of the state in which the license is held.

C.4.3 Any health care worker demonstrating impaired judgment will be removed from providing healthcare services. The Government reserves the right to remove any employee who, in the judgment of a licensed physician, is impaired by drugs or alcohol.

C.4.4 Any health care worker with alcohol or drug abuse problems may be allowed to return to work under the terms of this contract only with prior Government approval.

#### C.5 GENERAL PROVISIONS FOR HEALTH CARE WORKERS.

C.5.1 Health care workers shall comply with Executive Order 12731, October 17, 1990, (55 Fed. Reg. 42547), Principles of Ethical Conduct for Government Officers and Employees, and shall also comply with Department of Defense (DOD) and other government regulations implementing this Executive Order.

C.5.2 Health care workers shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government equipment, i.e., telephone, fax, computer, e-mail for personal business. All motor vehicles operated on these installations by health care workers shall be registered with the base security service according to applicable directives. Eating by health care workers is prohibited in patient care areas/clinics and is restricted to designated areas. Smoking is prohibited in all clinic facilities.

C.5.3 Health care workers ARE NOT prohibited by reason of employment under this contract from conducting a private practice or other employment so long as there is no conflict with the performance of duties under this contract. However, such private practice or other such employment shall not be conducted during those hours in which the health care worker is required to render services under this contract. Health care workers shall make no use of Government facilities or property in connection with such other employment. (NAVMED P-117, Chapter 1, Article 1-22 applies (<http://nmo.med.navy.mil/default.cfm?seltab=directives>)).

C.5.4 While on duty, health care workers shall not advise, recommend, or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from the health care worker when they are not on duty, or from a partner or group associated in practice with the contractor, except with the express written consent of the Commanding Officer. The contractor shall not bill individuals entitled to those services rendered pursuant to this contract.

C.5.5 Health care workers shall be neat, clean, well groomed, and in appropriate clothing when in patient care and public areas. All clothing shall be free of visible dirt and stains and shall fit correctly. Fingernails shall be clean and free from dirt, and hair shall be neatly trimmed and combed. Health care workers shall display an identification badge, which includes the health care worker's full name and professional status (furnished by the Government) on the right breast of the outer clothing. Security badges provided by the Government shall be worn when on duty.

C.5.6 The Secretary of the Navy has determined that the illegal possession or use of drugs and paraphernalia in a military setting contributes directly to military drug abuse and undermines Command efforts to eliminate drug abuse among military personnel. The policy of the Department of the Navy (including the Marine Corps) is to deter and detect drug offenses on military installations. Measures to be taken to identify drug offenses on military installations, and to prevent introduction of illegal drugs and paraphernalia, include routine random inspection of vehicles while entering or leaving, with drug detection dogs when available, and random inspection of personal possessions on entry or exit. If there is probable cause to believe that a health care worker has been engaged in use, possession, or trafficking of drugs, the health care worker may be detained for a limited period of time until he/she can be removed from the installation or turned over to local law enforcement personnel having jurisdiction. When illegal drugs are discovered in the course of an inspection or search of a vehicle operated by a health care worker, the health care worker and vehicle may be detained for a reasonable period of time necessary to surrender the individual and vehicle to appropriate civil law enforcement personnel. Action may be taken to suspend, revoke, or deny clinical privileges as well as installation driving privileges. Implicit with the acceptance of this contract is the agreement by the health care worker to comply with all Federal and State laws as well as regulations issued by the Commander of the military installation concerning illegal drugs and paraphernalia.

C.5.7 All financial, statistical, personnel, and technical data which are furnished, produced, or otherwise available to the contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data shall not be released by the contractor without prior written consent of the COR. Any presentation of any statistical or analytical materials, or any reports based on information obtained from studies covered by this contract, will be subject to review and approval by the COR before publication or dissemination.

C.5.8 The Contractor shall comply with all applicable State and local laws and MTF instructions and policies.

C.5.9 Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

C.6 PERSONNEL QUALIFICATIONS. The contractor shall provide personnel having certain minimum levels of training and experience. General qualifications that apply to all health care workers are given in Section C.7. Specific qualifications for various labor categories are given in Section C.8. Additional qualifications specific to a particular Task Order are contained in the applicable Section J Attachment or the Task Order. Additional qualifications may include, but are not be limited to, experience, board certification for physicians, or other professional certifications appropriate to the particular labor category.

## C.7 GENERAL QUALIFICATIONS THAT APPLY TO ALL HEALTH CARE WORKERS

C.7.1 Health care workers shall read, write, speak, and understand the English language fluently and maintain good communication skills with patients and other healthcare personnel.

C.7.2 Health care workers shall be physically capable of standing and/or sitting for extended periods of time and capable of normal ambulation.

C.7.3 Health care workers shall be eligible for U.S. employment. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States (Section J, Attachment AS).

C.7.4 Health care workers shall represent an acceptable malpractice risk to the Government.

C.7.5 Health care workers shall be in good standing, and under no restrictions, with the state licensure board in any state in which a license is held or has been held within the last 10 years.

C.7.6 Health care workers shall maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

C.7.7 Health care workers shall be current with and have completed all continuing education requirements specified by their professional licensure or certification.

C.7.8 Each health care worker shall obtain, at contractor expense, within 60 days prior to start of services, a statement from the health care worker's physician or a report of a physical examination indicating that the health care worker is free from mental or physical impairments which would restrict the health care worker from providing the services described in the task order. Health care workers hired after contract start shall be required to provide a physical exam statement or report obtained within 60 days prior to performance of services. The statement must contain the following information: "Having performed a physical examination on the person named below on (insert date), the following findings are true and accurate:

1. (Name of health care worker) is suffering from no physical disability which would restrict him/her from providing services as a (specialty).
2. (Name of health care worker) is not suffering from tuberculosis, hepatitis, sexually transmitted or other contagious diseases which restricts them from providing services as a (specialty). (Name of health care worker) has had a current (within 6 months) TB skin test (mantoux) reading or if a known reactor, an evaluation indicating no active disease.
3. (Name of health care worker) is considered free from Hepatitis B infection on the basis of having (circle the applicable number):
  - 3a. Received at least three doses of recombinant hepatitis B vaccine currently licensed in the United States, or,
  - 3b. Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, or,
  - 3c. Provided documentation of the health care worker's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines (declination on the basis of religious convictions or medical contraindication only), or,
  - 3d. Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (CAP).

4. (Name of health care worker) is considered to have evidence of immunity to Measles, Mumps and Rubella (MMR) by either (circle one): positive antibody titer, evidence of MMR immunization or, documentation of physician-diagnosed MMR.

5. (Name of healthcare worker) shows evidence of immunity to varicella by either (circle one): positive antibody titer; evidence of varicella immunization; or a statement of history of chicken pox.

(signed)

Examining Physician

Examining Physician Information:

Name:

Address:

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

C.7.8.1 Except as provided in paragraph C.7.8.2, no medical tests or procedures required by the contract may be performed at the MTF. Expenses for all required tests and/or procedures shall be borne by the contractor at no additional expense to the Government.

C.7.8.2 Further, health care workers shall agree to undergo personal health examinations and such other medical and dental examinations at any time during the term of this contract, as the Commanding Officer may deem necessary for preventive medicine, performance improvement, or privileging purposes. These examinations will be provided by the Government. If the contractor chooses, these examinations may be provided by a private physician or dentist, at no expense to the Government. Additionally the health care worker must be immunized annually with the influenza vaccine in accordance with the BUMED instruction currently in effect. This vaccine will be provided by the Government. Although this vaccine will be provided by the Government, it may be obtained at other facilities with the cost being borne by the health care worker. Unless vaccinated by the Government, the health care worker shall be required to show proof of the vaccination. If the health care worker chooses to be immunized by the Government, they shall be required to sign a waiver in accordance with MTF rules and regulations. If the health care worker declines the immunization, they must provide documentation of the waiver which declines the influenza vaccine (declination on the basis of religious convictions or medical contraindications only).

C.7.8.3 For individuals who do not show a positive antibody titer after immunization and appear to have a "non-immune" status, that employee must report varicella exposure to the COR and, in accordance with Centers for Disease Control Recommendations, may need to be removed from patient care duties beginning on the tenth day following exposure and remain away from work for the maximum incubation period of varicella (21 days). In this instance, personnel under this contract who accrue leave will be considered to be in a leave status; all other personnel must be replaced during this period to ensure maintenance of contractually required coverage.

C.7.8.4 On an annual basis, healthcare workers must provide a current Purified Protein Derivative (PPD) reading or an evaluation if they are a known PPD reactor. The Contractor is responsible for any expenses incurred for required testing.

C.7.8.5 The management of HIV positive health care workers shall be consistent with current Center for Disease Control Guidelines (CDC) guidelines and Section 503 of Rehabilitation Act (29 U.S.C. Section 793) and its implementing regulations (41 CFR Part 60-741).

#### C.7.9 CREDENTIALING REQUIREMENTS

C.7.9.1 Following award of a task order, the contractor shall submit to the Professional Affairs Department, via the COR, a completed Individual Credentials File (ICF) for each required health care worker. The ICF, which will be maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and competency as identified in Appendix R of BUMEDINST 6320.66D of March 2003 and subsequent revisions. ICFs for health care practitioners who do not currently have an ICF on file at the facility shall be submitted at least 30 days prior to commencement of services. For those health care providers who currently have an ICF on file, an updated Personal and Professional Information Sheet (PPIS) for Privileged Providers, with notation that a complete up-to-date ICF is on file, shall be submitted no less than 15 days prior to commencement of services.

C.7.9.2 Following award of a task order, the contractor shall submit to the Professional Affairs Department, via the COR, a completed Individual Professional File (IPF) for each licensed staff member not included in the requirements for ICFs. The IPF, which will be maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and competency as identified in Appendix S of BUMEDINST 6320.66D of March 2003 and subsequent revisions. IPFs for personnel who do not currently have an IPF on file at the facility shall be submitted at least 30 days prior to commencement of services. For those personnel who currently have an IPF on file, an updated Personal and Professional Information Sheet (PPIS) for Nonprivileged Providers, with notation that a complete up-to-date IPF is on file, shall be submitted no less than 15 days prior to commencement of services.

C.7.9.3 Upon receipt of a complete ICF or IPF, the COR will forward it to the Professional Affairs Department for approval and credentialing of the individual health care provider/worker. The Professional Affairs Department will ensure the ICF or IPF is complete in accordance with BUMEDINST 6320.66D. The contractor shall not assign an individual to work at the MTF until the health care worker's ICF or IPF has been approved and shall discontinue the service of an individual who fails to maintain compliance with qualification and credentialing requirements.

C.7.9.4 BUMEDINST 6320.66D is available at <http://navymedicine.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

C.7.9.5 The Contractor shall submit a qualifications package to the COR for each health care worker who is not required to submit either an Individual Credentials File (ICF) or an Individual Professional File (IPF), e.g., nursing assistants, medical assistants, laboratory technicians. Prior to Contractor employees providing services under this contract, the COR will verify the compliance of each health care worker with the qualification requirements appropriate to their employment category.

C.7.9.6 Unless otherwise specified in an individual Task Order Proposal Request, the Government reserves the right to transfer to the gaining Contractor the credentials of a health care worker who has been granted delineated clinical privileges on a predecessor contract/task order without a new or additional credentialing action. This extension may only occur: a) within the same command; b) when there is no increased clinical competency requirement of the health care worker; c) when there is no significant change in the scope of clinical practice of the health care worker; d) when there is no gap in performance between the contracts; and e) when the health care worker has had acceptable performance evaluations.

C.7.9.7 Notwithstanding licensure and certification requirements given below in Section C.8, each health care worker is responsible for complying with all applicable licensure and certification regulations.

C.7.9.8 The contractor shall continuously maintain a current list of all individuals who have been privileged, credentialed, or approved for service under each task order. The contractor shall provide a copy of the list to the COR monthly or as requested by the COR.

## C.7.10 ORIENTATION



C.7.10.1 Each health care worker providing service under this contract or resultant Task Orders shall undergo an orientation. Orientation may be waived for personnel who have previously provided service at the treatment facility.

C.7.10.2 Orientation shall consist of Command Orientation and Information Systems Orientation. Command orientation of 8 hours includes annual training requirements for topics such as fire, safety, infection control, and family advocacy. Additional Command Orientation for nurses (local certifications) will comprise an estimated additional 28 hours. Information Systems Orientation of 8 hours includes the Composite Health Care System (CHCS) and the Ambulatory Data System (ADS). In addition, health care workers identified as CHCS Super-users shall undergo an additional 8 hours of information systems orientation. Any additional or specific requirements for orientation will be provided in the applicable Task Order.

C.7.10.3 Orientation will be provided to new contractor employees, as required, during initial regularly scheduled shifts under the task order.

C.7.10.4 Those new contractor employees who are required to be oriented during initial regularly scheduled work shifts shall be scheduled by the contractor for shifts occurring at times when orientation classes are available. The COR will provide a list of training times up to 30 days in advance.

C.7.10.5 For each individual, the contractor shall not invoice for orientation, and the government will not reimburse the contractor for orientation, until such time as the individual has provided an amount of clinical services equal to the amount of orientation received. The contractor shall complete all orientation within 60 days after commencement of services by the health care worker.

C.7.11 Turnover of Healthcare Workers. The contractor shall recognize the potentially negative impact on continuity of care created by staff turnover and the expense incurred by the Government for orientation and privileging of new workers. Therefore, the contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only individuals who indicate interest in a long-term commitment under the task order.

C.8 SPECIFIC QUALIFICATIONS FOR LABOR CATEGORIES. Each health care worker shall meet and maintain the qualifications specified below for his/her labor category. The following specific labor category qualifications are in addition to the general qualifications given in Section C.7 and may be further supplemented by specific qualifications contained in the applicable Section J attachment or task order.

#### C.8.1 AUDIOLOGIST

C.8.1.1 Possess a Master's Degree in Audiology from an accredited university.

C.8.1.2 Possess a Certificate of Clinical Competency in Audiology (CCC-A) from the American Speech-Language-Hearing Association (ASHA).

C.8.1.3 A current, valid unrestricted license to practice as an Audiologist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U. S. Virgin Islands and maintenance of same.

C.8.1.4 Possess post graduate degree experience as a full-time Audiologist of at least 1 year within the preceding 3 years.

#### C.8.2 Reserved

#### C.8.3 CARDIOVASCULAR TECHNOLOGIST

C.8.3.1 Registration as a Registered Diagnostic Cardiac Sonographer (RDCS) from the American Registry of Diagnostic Medical Sonographers (ARDMS).

C.8.3.2 Full-time experience as a Cardiac Sonographer of at least 18 continuous months within the preceding 36 months.

C.8.4 Reserved

#### C.8.5 CENTRAL STERILE SUPPLY TECHNICIAN

C.8.5.1. Possess either (a), certification as a sterilization technician as determined by the National Institute for the Certification of Healthcare Sterile Processing and Distribution Personnel or equivalent certifying agency (e.g., the International Association of Healthcare Central Services Materials Management, or the National Institute of Healthcare Sterile Processing and Distribution Personnel), or (b) experience of at least 1 year within the preceding 3 years as a sterilization technician.

C.8.5.2. Possess and maintain certification from either the International Association of Healthcare Central Service Materiel Management (IAHCSM) or National Institute for the Certification of Healthcare Sterile Processing and Distribution Personnel (NICHSPDP).

#### C.8.6 CERTIFIED ATHLETIC TRAINER

C.8.6.1 Current certification as an Athletic Trainer through the National Athletic Trainers' Association (NATA) Board of Certification.

C.8.6.2 Experience of at least 12 months within the preceding 36 months as an athletic trainer with collegiate athletes, professional athletes, or military operations personnel.

C.8.6.3 Experience with Windows-based computer systems of at least 12 months within the preceding 36 months.

C.8.6.4 Experience with computerized injury tracking programs.

#### C.8.7 CERTIFIED MEDICAL ASSISTANT

C.8.7.1 High school diploma or GED certificate.

C.8.7.2 Graduation from a medical assistant training program accredited by Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accrediting Bureau of Health Education Schools (ABHES) of the American Medical Technologists, or a formal medical services training program of the United States Armed Forces.

C.8.7.3 Certification as a medical assistant by the American Association of Medical Assistants or registration by the American Medical Technologists.

#### C.8.8 CERTIFIED NURSING ASSISTANT

C.8.8.1 High school diploma or GED certificate.

C.8.8.2 Completion of a course of education leading to, and possession of, certification as a nursing assistant from a Certified Nursing Assistant program.

#### C.8.9 CERTIFIED REGISTERED NURSE ANESTHETIST.

C.8.9.1 Be a graduate of a CRNA education program accredited by the American Association of Nurse Anesthetists (AANA) Council on Accreditation of Nurse Anesthesia Educational Programs.

C.8.9.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.9.3 Possess current certification as a Registered Nurse Anesthetist from the American Association of Nurse Anesthetists (AANA)

C.8.9.4 Possess experience as a CRNA of at least 24 months within the preceding 48 months.

C.8.10 Reserved

C.8.11 Reserved

## 8.12 CHIROPRACTIC ASSISTANT

C.8.12.1 High school diploma or GED certificate.

C.8.12.2 A minimum of 1 year of full-time experience within the last 3 years as a chiropractic assistant, nursing assistant, physical therapy assistant, pharmacy technician, operating room technician or other similar medically related support type occupation.

## 8.13 CHIROPRACTOR

C.8.13.1 Graduation from a Chiropractor training program accredited by the Council on Chiropractic Education

C.8.13.2 A current, valid, unrestricted license to practice as a Doctor of Chiropractic in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.13.3 A minimum of 1 year of full-time experience as a chiropractor within the last 3 years in a position in which both diagnostic and treatment services were consistently administered.

C.8.14 Reserved

C.8.15 Reserved

## C.8.16 CLINICAL PSYCHOLOGIST

C.8.16.1 A doctoral degree in clinical or counseling psychology from an accredited university

C.8.16.2 Possess and maintain a valid, unrestricted license or certification to practice as a psychologist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.16.3 Experience as a Psychologist of at least 2 to 3 years within the preceding 36 months.

## C.8.17 CLINICAL SOCIAL WORKER

C.8.17.1 Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE).

C.8.17.2 A minimum of 2 years post-masters experience as a clinical social worker within the last 3 years.

C.8.17.3 Current, unrestricted license to practice independently as a Clinical Social Worker in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

## C.8.18 CLINICAL SOCIAL WORKER, CASE MANAGER.

C.8.18.1 Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE).

C.8.18.2 Current, unrestricted license to practice independently as a Clinical Social Worker in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands

C.8.18.3 Certified as Certified Advanced Social Work Case Manager (C-ASWCM) by the National Association of Social Workers OR possess a minimum of 3 years experience within the preceding 5 years as a social work case manager in a hospital-based setting performing medical crisis counseling, discharge planning, and/or working in Pediatrics, Adolescent Medicine, or Internal Medicine.

C.8.18.4 Possess a valid driver's license and a personal vehicle for use under the contract.

C.8.19 Reserved

C.8.20 Reserved

#### C.8.21 COMPUTED TOMOGRAPHY (CT) TECHNOLOGIST

C.8.21.1 Graduation from a radiography program accredited by the Joint Review Committee on Education in Radiological Education (JCERT).

C.8.21.3 Current registration as a Radiologic Technologist or a Radiation Therapist by the American Registry of Radiologic Technologists (ARRT).

C.8.21.3 Current post-primary certification as a CT Technologist by the American Registry of Radiologic Technologists (ARRT).

C.8.21.4 Possess experience as a CT Technologist of at least 12 months within the preceding 36 months.

C.8.22 Reserved

C.8.23 Reserved

#### C.8.24 CYTOTECHNOLOGIST

C.8.24.1 Possess a bachelor's degree in biology, chemistry, or a related scientific discipline from an accredited university.

C.8.24.2 Current certification as a Cytotechnologist from the American Society for Clinical Pathology (CT (ASCP)).

C.8.24.3 Possess experience as a Cytotechnologist of at least 12 months within the preceding 36 months.

C.8.25 Reserved

C.8.26 Reserved

#### C.8.27 DIETETIC TECHNICIAN

C.8.27.1 Achieve one of the following:

C.8.27.1.1 Associates Degree from an accredited college or university plus successful completion of a Dietetic Technician program accredited by The Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association, or

C.8.27.1.2 Bachelors Degree from an accredited college or university including academic requirements for dietetics accredited/approved by CADE plus completion of a supervised practice program accredited/approved by CADE.

C.8.27.2 Registration as a Dietetic Technician from the Commission on Dietetic Registration of the American Dietetic Association.

#### C.8.28 DIETITIAN

C.8.28.1 Possess a Bachelor's Degree in nutrition/dietetics from a school accredited by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association (ADA).

C.8.28.2 Possess registration, as specified in the task order, from the Commission on Dietetic Registration (CDR) of the American Dietetic Association.

C.8.28.3 Possess a valid, unrestricted license/certification/registration to practice as a dietitian in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.28.4 Possess a minimum of 1 year of full-time experience as a dietitian within the preceding 3 years.

C.8.29 Reserved

#### C.8.30 DOSIMETRIST

C.8.30.1 Certification as a medical dosimetrist by the Medical Dosimetrist Certification Board (MDCB).

C.8.30.2 Possess post-certification experience of a minimum of 12 months within the preceding 3 years.

C.8.31 Reserved

C.8.32 Reserved

#### C.8.33 EMERGENCY MEDICAL TECHNICIAN

C.8.33.1 High school diploma or GED certificate.

C.8.33.2 Certification as an EMT by the National Registry of Emergency Medical Technicians or State EMT certification.

C.8.34 Reserved

C.8.35 Reserved

#### C.8.36 GENETICS COUNSELOR

C.8.36.1 Possess a Masters Degree in Genetic Counseling from an accredited university.

C.8.36.2 Certification by the American Board of Genetic Counselors.

C.8.36.3 Experience as a genetic counselor of at least 1 year within the last 3 years.

C.8.37 Reserved

C.8.38 Reserved

#### C.8.39 HEALTH EDUCATOR

C.8.39.1 Bachelor's Degree in Health Education, Community/Public Health or Wellness, or a human services related field such as counseling or psychology from an accredited university.

C.8.39.2 At least 1 year of full-time experience in health promotion programming within the last 3 years.

C.8.40 Reserved

C.8.41 Reserved

C.8.42 Reserved

#### C.8.43 LICENSED PRACTICAL NURSE

C.8.43.1 Graduation from a Licensed Practical Nurse or Licensed Vocational Nurse Program accredited by the National League for Nursing Accrediting Commission (NLNAC).

C.8.43.2 A current, unrestricted license to practice as an LVN/LPN in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.43.3 Prior to commencing service under this contract, Licensed Practical (Vocational) nurses must attend a 2-hour lecture on IV certification. Contractor nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks.

C.8.44 Reserved

C.8.45 Reserved

#### C.8.46 MAGNETIC RESONANCE IMAGING (MRI) TECHNOLOGIST

C.8.46.1 Graduation from a radiography program accredited by the Joint Review Committee on Education in Radiological Education (JCERT).

C.8.46.3 Current registration as a Radiologic Technologist, Radiation Therapist, or Nuclear Medicine Technologist by the American Registry of Radiologic Technologists (ARRT).

C.8.46.3 Current post-primary certification as an MRI Technologist by the American Registry of Radiologic Technologists (ARRT).

C.8.46.4 Possess experience as an MRI Technologist of at least 12 months within the preceding 36 months.

C.8.47 Reserved

#### 8.48 MAMMOGRAPHY TECHNOLOGIST

C.8.48.1 Graduation from a radiologic technologist education program accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

C.8.48.2 Current registration by the American Registry of Radiologic Technologists (ARRT) as a Registered Technologist (R.T. (ARRT)) and current registration as a Mammography Technologist (R.T. (M)(ARRT)).

C.8.48.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.49 Reserved

#### C.8.50 MEDICAL LABORATORY TECHNICIAN

C.8.50.1 Graduation from a medical laboratory technician training program accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) or the Accrediting Bureau of Health Education Schools (ABHES).

C.8.50.2 Certification as a Medical Laboratory Technician by the American Society of Clinical Pathologists (ASCP), National Credentialing Agency for Laboratory Personnel (NCA), or American Medical Technologists (AMT), or state licensure as a medical laboratory technician.

C.8.51 Reserved

#### C.8.52 MEDICAL TECHNOLOGIST

C.8.52.1 Possess a bachelor's degree in biology, chemistry, or a related scientific discipline from an accredited university.

C.8.52.2 Current certification as a medical technologist from the American Society for Clinical Pathology (ASCP) or the American Medical Technologists (AMT).

C.8.52.3 Possess experience as a medical technologist of at least 12 months within the preceding 36 months.

C.8.53 Reserved

C.8.54 Reserved

#### C.8.55 NUCLEAR MEDICINE TECHNOLOGIST

C.8.55.1 Graduate of a program in nuclear medicine technology accredited by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology.

C.8.55.2 Current certification as a nuclear medicine technologist by the Nuclear Medicine Technology Certification Board (NMTCB) or registration as a nuclear medicine technologist the American Registry of Radiologic Technologists (ARRT).

C.8.55.3 Experience as a nuclear medicine technologist of at least 12 months within the preceding 3 years.

C.8.56 Reserved

C.8.57 Reserved

#### C.8.58 NURSE MIDWIFE

C.8.58.1 Graduate of a Certified Nurse Midwife Education Program accredited by the American Nurses Association and the American College of Nurse-Midwives.

C.8.58.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.58.3 Certification by the American College of Nurse-Midwives Certification Council

C.8.58.4 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order. Experience requirements will be waived for recent training graduates.

C.8.58.5 Possess current certification in one of the following: Advanced Cardiac Life Support (ACLS); Advanced Life Support for Obstetrics (ALSO); Pediatric Advanced Life Support (PALS); or Neonatal Resuscitation Program (NRP).

C.8.59 Reserved

#### C.8.60 NURSE PRACTITIONER

C.8.60.1 Graduate of a Masters of Nursing program accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

C.8.60.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.60.3 Current certification (in the specialty corresponding to the specialty required by the task order) as a Nurse Practitioner by the American Nurses Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP) .

C.8.60.4 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.61 Reserved

C.8.62 Reserved

#### C.8.63 NURSE PRACTITIONER, NEONATAL

C.8.63.1 Graduate of a Masters of Nursing program accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

C.8.63.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.63.3 Certification as a Neonatal Nurse Practitioner from the National Certification Corporation (NCC), OR

C.8.63.4 Three years of experience within the last 5 years as a Nurse Practitioner in a neonatal unit.

C.8.64 Reserved

C.8.65 Reserved

#### C.8.66 OPERATING ROOM TECHNICIAN

C.8.66.1 Education as follows: Either, (a) possess proof of graduation from a Surgical Technician training program accredited by the Association of Operating Room Technicians; and acceptable to the Government; or, (b) possess a



current, unrestricted license to practice as a licensed practical/vocation nurse (LPN/LVN) in any one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.66.2 Possess experience as an Operating Room Technician or as an LPN/LVN providing Surgical/Operating Room services of at least 12 months within the preceding 36 months. Scrubbing experience must include competency in multiple surgical specialties, including at least 2 major complex specialties (for example, orthopedics, neurosurgery, laparoscopy, cardio-thoracic).

C.8.67 Reserved

#### C.8.68 OPHTHALMIC TECHNICIAN

C.8.68.1 Graduation from an ophthalmic technician training program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

C.8.68.2 Current certification as a Certified Ophthalmic Technician (COT) by the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO).

#### C.8.69 OPTOMETRIST

C.8.69.1 Doctorate Degree in Optometry from an accredited college approved by the Council of Optometric Education of the American Optometric Association.

C.8.69.2 A current, valid, unrestricted license to practice as an optometrist in one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands

C.8.69.3 Experience as a clinical optometrist of at least 12 months within the preceding 18 months.

C.8.70 Reserved

C.8.71 Reserved

#### C.8.72 PHARMACIST

C.8.72.1 A Bachelor's in Pharmacy or Doctor of Pharmacy from a college of pharmacy accredited by the American Council on Pharmaceutical Education (ACPE).

C.8.72.2 A current, valid, unrestricted license to practice Pharmacy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.72.3 A working knowledge of pharmacy computer systems such as CHCS computer system.

#### C.8.73 PHARMACY TECHNICIAN

C.8.73.1 Graduation from a Pharmacy Technician program accredited by the American Society of Health-System Pharmacists (ASHP), OR certification by the Pharmacy Technician Certification Board (PTCB), OR successful completion of a formal pharmacy technician training program (i.e., a technical, hospital, or retail-based program).

C.8.73.2 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.73.3 A working knowledge of pharmacy computer systems such as CHCS Computer System.

C.8.74 Reserved

C.8.75 Reserved

C.8.76 PHYSICAL THERAPIST

C.8.76.1 A Bachelors, Masters, or Doctoral degree in Physical Therapy from an accredited Physical Therapy institution.

C.8.76.2 A current, unrestricted license to practice Physical Therapy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.77 PHYSICAL THERAPY ASSISTANT

C.8.77.1 Graduation from a physical therapy assistant program accredited by the American Physical Therapy Association (APTA).

C.8.77.2 A current, valid State license as a physician therapy assistant in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.78 Reserved

C.8.79 Reserved

C.8.80 PHYSICIAN

C.8.80.1 Graduation from a medical school approved by the Liaison Committee on Medical Education of the American Medical Association or the American Osteopathic Association or certification by the Educational Council for Foreign Medical Graduates (ECFMG).

C.8.80.2 Successful completion of a residency program (corresponding to the specialty required by the task order) which has been approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.

C.8.80.3 A current, valid, unrestricted license in one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.81 PHYSICIAN ASSISTANT

C.8.81.1 Graduation from a physician assistant training program accredited by the Accreditation Review Commission on Education of the Physician Assistant (ARC-PA)

C.8.81.2 Current certification by the National Commission on Certification of Physician Assistants (NCCPA).

C.8.81.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.82 Reserved

C.8.83 Reserved

C.8.84 Reserved

C.8.85 PODIATRIST

C.8.85.1 Possess a Doctoral Degree in Podiatric Medicine from a college accredited by the Council on Podiatric Medical Education (American Podiatric Medical Association).

C.8.85.2 Possess a current, valid, unrestricted license to practice podiatric medicine in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

C.8.85.3 Possess experience as a podiatrist of at least 2 years within the preceding 3 years.

C.8.86 Reserved

C.8.87 Reserved

#### C.8.88 RADIOLOGIC TECHNOLOGIST

C.8.88.1 Graduation from a radiologic technologist education program accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

C.8.88.2 Current registration by the American Registry of Radiologic Technologists (ARRT) as a Registered Technologist (R.T. (ARRT)).

C.8.88.3 Current advanced qualification registration by the American Registry of Radiology Technologists (ARRT) as specified in the task order.

C.8.88.4 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.89 Reserved

#### C.8.90 REGISTERED NURSE

C.8.90.1 Education as follows: Either (a), a Bachelor's Degree in Nursing; or (b) a Diploma Graduate in Nursing; or (c) an Associate Degree in Nursing from an accredited university.

C.8.90.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.90.3 Prior to commencing service under this contract, Contractor nurses must attend a 2-hour lecture on IV certification. Contract nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks during this time.

C.8.91 Reserved

#### C.8.92 REGISTERED NURSE, CASE MANAGER

C.8.92.1 Possess education as follows: Either (a), a Bachelor's Degree in Nursing; or (b) a Diploma Graduate in Nursing; or (c) an Associate Degree in Nursing from an accredited university.

C.8.92.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.92.3 Possess at least one of the qualifications given in C.8.92.3.1 through C.8.92.3.3:

C.8.92.3.1 Possess current certification in a minimum of one of the following:

- (a) Certified Case Manager (CCM) issued by the Commission for Case Manager Certification
- (b) Certified Disability Management Specialist (CDMS) issued by the Certification of Disability Management Specialists Commission
- (c) Certified Rehabilitation Registered Nurse (CRRN) issued by the Association of Rehabilitation Nurses
- (d) Certified Occupational Health Nurse (COHN) issued by the American Board for Occupational Health Nurses
- (e) Advanced Certification in Continuity of Care (ACCC) issued by the National Board for Certification in Continuity of Care
- (f) Certified Rehabilitation Counselor (CRC) issued by the Commission on Rehabilitation Counselor Certification
- (g) Nurse Case Manager (RN-NCM) issued by the American Nurses Credentialing Center
- (h) Care Manager Certified (CMC) issued by the National Academy of Certified Care Managers

- OR -

C.8.92.3.2 Possess a minimum of 2 years full-time experience within the last 3 years as a registered nurse providing case management and obtain one of the certifications in C.8.92.3.1 within 24 months of commencing service under this contract

- OR -

C.8.92.3.3 Possess a Masters degree in Nurse Case Management and obtain one of the certifications in C.8.92.3.1 within 24 months of commencing service under this contract.

C.8.92.4 Possess a valid driver's license and a personal vehicle for use under the contract.

C.8.92.5 Possess the necessary knowledge, skills and computer literacy to interpret and apply medical care criteria such as InterQual.

#### C.8.93 REGISTERED NURSE, CHARGE NURSE

C.8.93.1 Education as follows: Either (a), a Bachelor's Degree in Nursing; or (b) a Diploma Graduate in Nursing; or (c) an Associate Degree in Nursing from an accredited university.

C.8.93.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.93.3 Prior to commencing service under this contract, Contractor nurses must attend a 2-hour lecture on IV certification. Contract nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks during this time.

C.8.93.4 A minimum of 1 year of full-time experience as a charge nurse within the last 3 years.

C.8.94 Reserved

C.8.95 Reserved

C.8.96 Reserved

#### C.8.97 REGISTERED NURSE, PERIOPERATIVE

C.8.97.1 Education as follows: Either (a), a Bachelor's Degree in Nursing; or (b) a Diploma Graduate in Nursing; or (c) an Associate Degree in Nursing from an accredited university.

C.8.97.2 A current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.

C.8.97.3 Possess a minimum of 24 months full-time experience within the last 36 months providing services as a registered nurse in an operating room unit in a setting of comparable size and complexity.

C.8.97.4 Current Advanced Cardiac Life Support (ACLS) certification.

C.8.97.5 Prior to commencing service under this contract, Contractor nurses must attend a 2-hour lecture on IV certification. Contract nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of three completed IV sticks during this time.

C.8.98 Reserved

C.8.99 Reserved

#### C.8.100 RESPIRATORY THERAPIST (CERTIFIED)

C.8.100.1 Graduation from a respiratory therapy education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Committee on Accreditation for Respiratory Care (CoARC).

C.8.100.2 Certification as a Certified Respiratory Therapist (CRT) by the National Board for Respiratory Care (NBRC).

C.8.100.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

#### C.8.101 RESPIRATORY THERAPIST (REGISTERED)

C.8.101.1 Graduation from a respiratory therapy education program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Committee on Accreditation for Respiratory Care (CoARC).

C.8.101.2 Registration as a Registered Respiratory Therapist (RRT) by the National Board for Respiratory Care (NBRC).

C.8.101.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.8.102 Reserved

C.8.103 Reserved

C.8.104 Reserved

#### C.8.105 SPEECH PATHOLOGIST

C.8.105.1 Possess a Master's Degree in Speech Pathology from an accredited university.

C.8.105.2 Possess a Certificate of Clinical Competency in speech-language pathology (CCC-SLP) from the American Speech-Language-Hearing Association (ASHA).

C.8.105.3 Possess a current, valid unrestricted license to practice as an speech pathologist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U. S. Virgin Islands.

C.8.105.4 Possess post graduate degree experience as a full-time speech pathologist of at least 1 year within the preceding 3 years.

C.8.106 Reserved

C.8.107 Reserved

C.8.108 Reserved

C.8.109 Reserved

#### C.8.110 ULTRASOUND TECHNOLOGIST

C.8.110.1 Graduation from a medical sonography training program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

C.8.110.2 Current registration as a Registered Diagnostic Medical Sonographer by the American Registry of Diagnostic Medical Sonographers, Inc. (ARDMS).

C.8.110.3 A minimum of 1 year of full-time experience within the last 3 years in a setting corresponding to the requirements of the task order.

C.9 GENERAL DUTIES. Contractor personnel shall perform a full range of duties consistent with their labor category, education, training, experience, clinical privileges (as applicable), and assigned position. General duties that apply to all personnel or across certain labor categories are given below. Additional duties which are labor category specific, service area specific, or facility specific, including duties such as on-call or hospital admissions, are contained in Section C.10 and in the specific Section J attachment or Task Order. Duties that apply to all contractor personnel are as follows:

C.9.1 Maintain a level of productivity comparable with that of other individuals performing similar services.

C.9.2 Comply with the standards of the Joint Commission, applicable provisions of law, and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the MTF's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local instructions and notices that may be in effect during the term of the contract.

C.9.3 Participate in peer review and performance improvement activities.

C.9.4 Participate in the Command's Bloodborne Pathogen Program, including orientation, annual training, and exposure procedures.

C.9.5 Comply with the CDC's "Universal Precautions" for prevention of the transmission of HIV.

C.9.6 Practice aseptic techniques as necessary. Comply with infection control guidelines to include the proper handling, storage, and disposal of infectious wastes, the use of universal precautions to prevent the spread of infections.

C.9.7 Function with an awareness and application of safety procedures.

C.9.8 Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events. Anticipate potential problems/emergencies and make appropriate interventions. Notify supervisor, director, or other designated person regarding problems you are unable to manage.

C.9.9 Apply an awareness of legal issues in all aspects of patient care and strive to manage situations in a reduced risk manner.

C.9.10 Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.

C.9.11 Exercise awareness and sensitivity to patient/significant others' rights, as identified within the institution.

C.9.12 Maintain an awareness of responsibility and accountability for own professional practice.

C.9.13 Participate in continuing education to meet own professional growth.

C.9.14 Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and bloodborne pathogens.

C.9.15 Actively participate in the command's performance improvement program. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

C.9.16 Participate in the provision of in-service training to clinic staff members. Provide training and/or direction as applicable to supporting Government employees (e.g., hospital corpsmen, students, etc.).

C.9.17 Attend and participate in various meetings as directed.

C.9.18 Perform timely, accurate, and concise documentation of patient care.

C.9.19 Use computerized systems such as CHCS, ADS, and Clinical Information System (CIS).

C.9.20 Operate and manipulate automated systems such as Composite Health Care System (CHCS), participate in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

C.9.21 Exercise appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

C.9.22 HIPAA Compliance. The HCW shall comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

C.10 SPECIFIC DUTIES FOR LABOR CATEGORIES. The following specific labor category duties are additional to the general duties given in Section C.9 and may be further supplemented by specific duties contained in the applicable Section J attachment or task order.

#### C.10.1 AUDIOLOGIST

C.10.1.1 Provide a full range of audiologist services in accordance with privileges granted by the Commanding Officer.

C.10.1.2 Administer audiological tests to all types of aurally handicapped patients including military personnel and their dependents in varying age groups (newborns to geriatric patients).

C.10.1.3 Review accompanying consultation forms and records and independently decide on which tests to administer, how many tests are necessary, and adapt test techniques and utilize clinical judgment based on audiological and psychological precepts.

C.10.1.4 Conduct routine tests, to include air conduction, bone conduction, speech reception thresholds and speech discrimination, including high intensity speech discrimination testing.

C.10.1.5 Test for non-organicity and determine accuracy and reliability of test results. Administer additional tests to rule out presence of non-organicity such as the Stenger Test. Employ objective test techniques such as Auditory Brainstem Response (ABR) and Otoacoustic Emissions (OAE) to help determine true organic thresholds.

C.10.1.6 Conduct special Audiological tests as necessary to assist the otologist in the medical diagnosis of site of lesion to differentiate between cochlear and retrocochlear pathology. Independently determine which tests are indicated.

C.10.1.7 Perform Electrophysiological tests such as Auditory Brainstem Response, Electrocochleography and Otoacoustic Emissions when indicated and appropriate.

C.10.1.8 Conduct special speech tests for differentiating central auditory pathology when indicated to include filtered and competing message tests, such as Staggered Spondee Words (SSW), Synthetic Sentence Index (SSI) and other dichotic and monotic listening tests.

C.10.1.9 Conduct Hearing Aid Evaluation. Administer formal objective hearing aid evaluations and informal subjective selection of hearing aids to both children and adults. Select for issue or purchase the instrument, which is most effectively suited to the patient's needs, orient patient to hearing aid use, and initiate a proper attitude for rehabilitation by means of an appropriate psychological approach.

C.10.1.10 Maintain area audiometric equipment pool; request required equipment as needed.

C.10.1.11 Selection of Hearing Aids.

C.10.1.11.1 Objectively evaluate hearing aids by administering audiological tests to compare the performance of several hearing aids carefully selected by the audiologist as most appropriate for the type and degree of hearing loss; determine on the basis of test results and clinical judgment which aids are most effective.

C.10.1.11.2 Administer computerized real ear-canal probe microphone measurements providing precision hearing aid fittings.

C.10.1.11.3 Arrange for issue of selected aid to active and retired personnel, and recommend purchase of aid to dependents.

C.10.1.11.4 Follow the Audiology Division Standard Operating Procedure (SOP) for processing of referrals to fit hearing aids by commercial hearing aid specialists, and recommendation of purchase of aid after subsequent testing and orientation for all patients not eligible for military issue.

C.10.1.12 Aural Habilitation. Provide hearing aid orientation, hearing conservation techniques, and individual adjustment counseling.

C.10.1.13 Immittance Audiometry. Measure acoustic characteristics of ear to assist in the diagnosis of middle ear and sensorineural pathologies. Middle ear acoustic measurements of the eustachian tube function and monitoring of acoustic reflex shall also be performed to aid the otolaryngologist in otological diagnosis. Prepare summary of the measurements and interpretation of results.



C.10.1.14 Electronystagmography. Evaluate vestibular disorder by objectively measuring and recording the changing electrical activity of the eye during nystagmus. Independently interpret results and prepare report in accordance with the Audiology Division.

C.10.1.15 Pediatric Testing. Provide testing of pediatric patients to include play audiometry and conditioned orientation reflex audiometry. Utilize knowledge of the development of auditory systems and psychological maturation when administering audiometry to newborns.

C.10.1.15.1 Recognize and report symptoms of problems in addition to hearing loss in pediatric patients to include mental retardation, emotional disturbances and brain function.

C.10.1.15.2 Recognize signs of social inadequacy, shyness, withdrawal, depression etc. in order to judge the validity of hearing tests in older children.

C.10.1.15.3 Counsel parents as required regarding child's problem, interpret results and provide guidance and advice on educational and training needs. Provide narrative summary of each child to referring physician and other interested agencies.

C.10.1.16 Counseling. Counsel patients regarding hearing problems, implications for or against use of a hearing aid, recommend or arrange for classroom training when indicated.

C.10.2 Reserved

### C.10.3 CARDIOVASCULAR TECHNOLOGIST

C.10.3.1 Perform a full range of diagnostic ultrasound examinations.

C.10.3.2 Operate the equipment such as the following: i) Acuson model 128XP Ultrasound Scanner; ii) ATL model HDI 3000 Ultrasound Scanner; iii) Acuson model Sequios Ultrasound Scanner; iv) ATL model HDI Mark 9 Ultrasound Scanner. Be familiar with and be able to use the linear, sector, and endovaginal probes as well as pulse and color Doppler capabilities of all of the above scanners.

C.10.3.3 Receive and interpret requests or instructions for diagnostic ultrasound scans; perform daily warm up and assigned quality control checks of the ultrasound scanners.

C.10.3.4 Receive patients and explain procedures, providing humane and appropriate care and communication to alleviate fear of examination. Correctly position the patient for the examination and make adjustments necessary for the required examination. Determine if any special patient preparation is required.

C.10.3.5 Key test data and patient information into computer of ultrasound equipment to maintain record of test results.

C.10.3.6 Identify abnormalities during testing and determine need for additional scans of affected area.

C.10.3.7 Recognize anatomic variants and determine which other area(s) of the body should be scanned. Use a detailed understanding of diseases of anatomy to accomplish effective ultrasound scanning.

C.10.3.8 Advise the radiologist of results of the examination and provide a preliminary diagnosis. Notify physician of significant scans requiring immediate attention.

C.10.3.9 Maintain and clean ultrasound equipment on a regular basis in accordance with Radiology department standards. Stock and maintain an adequate level of supplies required to ultrasound examinations. Recommend necessary monthly repairs when diagnostic quality is degraded.

C.10.3.10 Make minor adjustments on equipment. Differentiate artifacts from normal or pathological processes and recognize electronic equipment limitations. Program the examination equipment, set up the machine and scanning techniques to be employed.

C.10.3.11 Review new developments in the field by reading journals and attending meetings when possible and recommend to supervisor those changes which would improve the operation of the ultrasound section. Perform other related duties as assigned.

C.10.3.12 Recognize the need for and institute the necessary emergency measures for situations where a person requires resuscitation procedures due to cardiac or respiratory arrest.

C.10.4 Reserved

#### C.10.5 CENTRAL STERILE SUPPLY TECHNICIAN

C.10.5.1 Receive, disassemble and inspect for damage reusable medical devices and surgical instrumentation. Additionally, receive and dispose of regulated medical waste, general waste and soiled linen.

C.10.5.2 Comply with OSHA regulations governing the wearing of personal protective equipment at all times when working in the decontamination area.

C.10.5.3 Determine the correct method of decontamination to include the following: removal of blood, tissue fragments, body fluids and other gross contaminants. Decontamination methods shall include wiping, soaking, rinsing, scrubbing and using ultrasonic and washer decontamination/sterilizer equipment.

C.10.5.4 Follow departmental manuals and procedures as directed.

C.10.5.5 Examine all items after decontamination/presterilization procedures to ensure that gross contaminants have been removed and that instruments function properly.

C.10.5.6 Ensure that all Main Operating Room (MOR), Labor and Delivery (L&D) ward and MTF medical devices and surgical instrumentation are properly labeled and identified.

C.10.5.7 Assemble and prepare the full range of specialty trays and instrument sets for the MOR, wards, and L&D for proper sterilization utilizing inventory sheets. Select correct wrapping or packaging material for medical devices and surgical instrument sets, select sterilization process in accordance with standard MTF procedures to include: Ethylene Oxide (ETO), or Steam Sterilization. Correctly label, seal, wrap or place in rigid containers, items with appropriate chemical indicator tape, and aerate gas sterilized items for the correct period of time.

C.10.5.8 Periodically monitor operation of Steam and ETO sterilizers using graphs, computer display panels, Bowie Dick, and Spore Challenge tests (biological).

C.10.5.9 Receive sterilized trays, sets, and equipment from the sterilizer; check for integrity of sterilization, i.e. color changes on indicator tapes, external and internal indicators, dampness of packages; stock and properly store sterile items in sterile storage room in accordance with standard MTF procedures.

C.10.5.10 Perform physical duties to include, heavy lifting (40 lbs), pushing/pulling wheeled carts weighing an average of 560 lbs.

C.10.5.11 Take the annual respiratory fit test and have the OSHA mandated physical examination for working with ethylene oxide. Respiratory fit tests shall be provided by the Government.

#### C.10.6 CERTIFIED ATHLETIC TRAINER (ATC)

C.10.6.1 Perform a full range of Certified Athletic Trainer duties. All services performed shall fall within those guidelines established by the National Athletic Trainers Association, American College of Sports Medicine, and American Medical Society for Sports Medicine.

C.10.6.2 Prevent, recognize, treat and rehabilitate injuries sustained during rigorous military training required to establish /maintain the physical readiness of personnel.

C.10.6.3 Perform under the clinical supervision of a Physician Supervisor assigned to you by the Commanding Officer. The Physician Supervisor is responsible for the care rendered by the ATC. The following levels of supervision apply:

C.10.6.3.1 Direct supervision. The Physician Supervisor is involved in the decision making process. This level of supervision is for all ATCs during their initial 30-day evaluation period. Direct supervision includes (1) Verbal, whereby the ATC shall contact the Physician Supervisor by direct conversation or telephone before the ATC implements or changes a regimen of care and (2) Physically present whereby the Physician Supervisor is present through all or a significant portion of care. In the BMC/SMART center, direction supervision is reflected by the physician's co-signature of the patient's record before he/she departs from the facility.

C.10.6.3.2 Indirect supervision. The Physician Supervisor is not required to be involved in the decision making process at the time decisions are made. This supervision is primarily accomplished through retrospective review of records, evaluation of appropriateness of consultation and referral, and evaluation of events identified through occurrence screens. Retrospective record reviews will assess the adequacy of the history and physical examination, appropriateness of tests, and planned course of treatments and interventions. This type of supervision will be afforded the ATC following successful completion of a 30-day evaluation period and demonstrated knowledge and competency of required functional areas.

C.10.6.4 Actively consult with physicians at the treatment facility and provide a full range of direct prevention, treatment and rehabilitation as ordered by the Physician Supervisor or other consultant physicians.

C.10.6.5 Provide evaluation and treatment of musculoskeletal injuries incurred, including, but not limited to, the following: Progressive Resistance Exercise (PRE), Open and Closed Chain Kinetic Exercises, Proprioceptive Neuromuscular Facilitation (PNF), manual therapy and joint mobilization, hydrotherapy, hydrocollator, cryotherapy, ultrasound, phonophoresis, iontophoresis, and all varieties of muscle stimulation. Appropriately apply use of the following equipment: Biodex Isokinetic elevation and stimulation; ski machines; stair machines; treadmill exercisers; gravitron; free weights and universal machines; BAPS board; Back System; Anodyne; aquatic therapeutic devices; and instruction in therapeutic, corrective and rehabilitative exercises using specific equipment and strength training devices.

C.10.6.6 Provide treatment for soft tissue damage, acute and chronic edema, post-surgical edema, muscle atrophy, pain, overuse injuries, decreased circulation and loss of strength due to injury or biomechanical imbalance.

C.10.6.7 Provide emergency first aid, evaluation and treatment of injuries, and aid in preliminary diagnosis to include recognition of severity of injury, rendering initial treatment and performing initial examination.

C.10.6.8 Provide appropriate follow-up evaluation.

C.10.6.9 Design and fabricate protective pads, equipment and braces for the prevention and treatment of injuries including the use of proper taping techniques.

C.10.6.10 Supervise students from various programs and provide instruction in injury assessments and rehabilitation utilization of all indicated modalities, equipment, braces and treatment protocols.

C.10.6.11 Provide instruction and services in the area of applied anatomy, physiology of exercise, kinesiology and biomechanics.

C.10.6.12 Provide training and guidance, as necessary, to supporting employees assigned to you by the Physician Supervisor during the performance of rehabilitative procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted athletic trainer treatment protocols.

C.10.6.13 Ensure accuracy of all treatment documentation and directed reporting as assessments may be a factor in light duty or limited duty determinations where there is a question of physical ability or potential for injury.

C.10.6.14 Assist with inventory and maintenance of medical supplies and assist in the preparation of the budget and supply requisitions. This includes replenishing exhausted supplies, preventive maintenance, and recommending new rehabilitation equipment purchases.

C.10.6.15 In cooperation with the Physician Supervisor utilize the following public health model of managing injury risk to assist the Commanding Officer in ongoing efforts to design effective physical readiness programs:

- A. Determine existence and size of injury problems.
- B. Identify causes of the problem.
- C. Determine what prevents the problem
- D. Implement prevention strategies, training and programs.
- E. Continue surveillance and monitor effectiveness of prevention efforts.

C.10.6.16 Document all assessments, treatments and follow-up care rendered through either written reports or through computerized means on a daily basis. Treatment and follow-up records on each individual requiring services shall document cause, contributing factors, duration, diagnosis and follow-up for use in research and analysis to improve treatment and develop methods for injury prevention.

C.10.6.17 Provide instruction and guidance as directed in courses relating to physical conditioning, injury prevention and recognition, pre-operative and post-operative rehabilitation, stretching, exercise physiology, posture and body mechanics.

#### C.10.7 CERTIFIED MEDICAL ASSISTANT

C.10.7.1 Prepare exam rooms prior to patient's arrival.

C.10.7.2 Obtain patient's medical record following appropriate procedures.

C.10.7.3 Check patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.

C.10.7.4 Obtain and document patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.

C.10.7.5 Assist the provider as needed during exams.

C.10.7.6 Perform diagnostic procedures when ordered, to include EKG's, urine dip sticks, phlebotomy, etc.

C.10.7.7 Transport patients to other clinical areas as needed.

C.10.7.8 Check each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.

C.10.7.9 Administer medication to patients as directed.

C.10.7.10 Obtain lab and x-ray results.

C.10.7.11 Maintain exam room stock levels and perform routine maintenance of exam rooms, to include dusting, cleaning wash basins, etc.

C.10.7.12 Participate in inventory procedures as directed.

C.10.7.13 Complete lab and x-ray requisitions in accordance with clinic policies.

C.10.7.14 Enter demographic data into the computer upon patient check-in; enter diagnosis and departing time when patient is released.

C.10.7.15 Answer telephone and transcribe accurate messages.

C.10.7.16 Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.

C.10.7.17 Assist with patient flow and give direct patient care as directed.

C.10.7.18 Operate the following medical equipment, as directed, such as Automatic Blood Pressure Monitor, Hand Held Nebulizer, EKG Machine (12 lead), Electronic Thermometer, IV infusion pump (Set-up only), Typanometer.

#### C.10.8 CERTIFIED NURSING ASSISTANT

C.10.8.1 Prepare exam rooms prior to patient's arrival.

C.10.8.2 Obtain patient's medical record following appropriate procedures.

C.10.8.3 Check patient's vital signs, to include temperature, respiration, pulse, weight and blood pressure.

C.10.8.4 Obtain and document patient's current medical history, drug history, chief complaints, allergies and vital signs on the correct Standard Form before patient is in the exam room.

C.10.8.5 Assist the provider as needed during exams.

C.10.8.6 Perform diagnostic procedures when ordered, to include EKG's, urine dip sticks, phlebotomy, etc.

C.10.8.7 Transport patients to other clinical areas as needed.

C.10.8.8 Check each chart for the provider's signature, stamp, and each patient's diagnosis prior to returning the chart to Health Records.

C.10.8.9 Administer medication to patients as directed.

C.10.8.10 Obtain lab and x-ray results.

C.10.8.11 Maintain exam room stock levels and perform routine maintenance of exam rooms, to include dusting, cleaning wash basins, etc.

C.10.8.12 Participate in inventory procedures as directed.

C.10.8.13 Complete lab and x-ray requisitions in accordance with clinic policies.

C.10.8.14 Enter demographic data into the computer upon patient check-in; enter diagnosis and departing time when patient is released.

C.10.8.15 Perform various administrative functions as directed, such as answering telephones and transcribing accurate messages, assisting with patient check-in, assisting with scheduling appointments, properly filing documents including lab charts, consultations, and treatment forms..

C.10.8.16 Ensure that any broken or unsafe equipment is removed from the clinic in a timely manner and notify appropriate personnel.

C.10.8.17 Assist with patient flow and give direct patient care as directed.

C.10.8.18 Operate the following medical equipment, as directed, such as Automatic Blood Pressure Monitor, Hand Held Nebulizer, EKG Machine (12 lead), Electronic Thermometer, IV infusion pump (Set-up only), Typanometer.

#### C.10.9 CERTIFIED REGISTERED NURSE ANESTHETIST

C.10.9.1 Provide a full range of nurse anesthetist services in accordance with privileges granted by the Commanding Officer.

C.10.9.2 Administer anesthesia to any patient undergoing a surgical procedure, as designated by the attending physician.

C.10.9.3 Perform a pre-anesthetic assessment and evaluation of the patient. This includes obtaining an informed consent from the patient, requesting consultations and/or diagnostic studies and ordering pre-anesthetic medications.

C.10.9.4 Develop and implement an anesthetic plan of care.

C.10.9.5 Perform an assessment immediately prior to induction of anesthesia of the patient. This shall include a review of the medical record with regard to completeness, pertinent laboratory data, time of administration and dosage of pre-anesthesia medication, together with an appraisal of any changes in the patient's condition from that noted on previous visits. This note shall include any previous anesthetic experiences and complications thereof noted in the medical record.

C.10.9.6 Initiate the anesthetic plan by selecting the type of anesthesia.

C.10.9.7 Obtain consultations, as appropriate, with a staff anesthesiologist (i.e., patients meeting ASA classification 3 or greater; pediatric patients less than 3 months old).

C.10.9.8 Maintain the patient's physiologic homeostasis and corrects abnormal responses to the anesthesia and /or surgery.

C.10.9.9 Collect and interpret patient physiological data by selecting, applying or inserting noninvasive monitoring modalities.

C.10.9.10 Manage the patient's airway and pulmonary status.

C.10.9.11 Manage the patient's emergence and recovery from anesthesia by maintaining homeostasis, providing relief from pain and anesthesia side effects and preventing and managing complications through selecting, obtaining, ordering and administering medications, fluids or ventilatory support.

C.10.9.12 Remain with the patient as long as required by the patient's condition relative to his/her anesthesia status and until responsibility for proper patient care has been assumed by other qualified individuals. Personnel responsible for post-anesthetic care are to be advised of specific problems presented by the patient's condition.

C.10.9.13 Record all pertinent events taking place during the introduction of, maintenance of and emergence from anesthesia, including the dosage and duration of all anesthetic agents, other drugs, intravenous fluids and blood or blood components on all patients that have received anesthesia care.

C.10.9.14 Record post-anesthetic visits, including at least one note describing the presence or absence of anesthesia related complications within 48 hours of the procedure. While the number of visits will be determined by the status of the patient in relation to the procedure performed and the anesthetic administered, a visit should be made early in the postoperative period.

C.10.9.15 Discharge or release from PACU according to established criteria. Provide follow-up evaluation and care related to anesthesia complications and/or side effects.

C.10.9.16 In his/her observation, if the CRNA feels that an anesthetic will put the patient's life in jeopardy, then this condition must be discussed with the operating surgeon or the Head, Anesthesiology Department (or designated representative). The CRNA can rightfully and legally decline to administer an anesthetic to a patient in this category without repercussion. The choice of anesthetic should be discussed with the operating surgeon.

C.10.9.17 Check all equipment and agents to be used in the administration of the anesthetic to be sure it is in safe working order. Report all malfunctioning equipment to the Head, Anesthesiology Department or Chief Nurse Anesthetist.

C.10.9.18 Check all resuscitative equipment prior to the beginning of the first surgery of the day. Any malfunctioning or missing equipment shall be reported to the Head, Anesthesiology Department or Chief Nurse Anesthetist immediately.

C.10.9.19 Provide care appropriate to the age of the patients served. Interpret data about the patient's status in order to identify each patient's age specific needs and provide the care needed by the patient group including neonate, pediatric, adolescent and geriatric patients, such as interpreting nonverbal communication, safety practices and medication dosing of Neonates/Pediatrics; enlisting Adolescent patients in treatment, safety and security practices; and recognizing physical limitations, psychosocial needs, age related conditions, safety and medication precautions for geriatrics.

C.10.10 Reserved

C.10.11 Reserved

#### C.10.12 CHIROPRACTIC ASSISTANT

C.10.12.1 Maintain productivity comparable to that of other chiropractic assistants assigned to the same facility. Perform all duties in accordance with the chiropractic guidelines identified as Guidelines for Chiropractic Quality Assurance and Practice Parameters: Proceedings of the Mercy Center Consensus Conference.

C.10.12.2 Prepare treatment areas for incoming patients. Transport patients to chiropractic department, and prepare patients and equipment for treatment.

C.10.12.3 Administer complex, specialized supportive physio-therapy treatment in areas such as ultrasound, electrotherapy, therapeutic hot/cold and therapeutic exercise in support of chiropractic treatments in the clinic in a safe and medically accepted manner as directed by the supervisor.

C.10.12.4 Instruct and supervise patient exercise programs.

C.10.12.5 Report unusual patient treatment response or hazardous or malfunctioning equipment to the supervisor immediately.

C.10.12.6 Make recommendations and suggestions about treatment progression, duty limitations and the need for additional assessment and/or treatment.

C.10.12.7 Provide patient and family education.

C.10.12.8 Document assessments, tests, treatments and progress in the medical record at each visit. Record alterations of treatment plans and patient's reactions as needed. Document actions taken such as patient history, patient evaluation, treatments/adjustments, unusual occurrences, and morbidity in accordance with the MTF operating procedures. Comply with data collection requirements of the Chiropractic Health Care Demonstration Program (CHCDP) evaluation for each patient.

C.10.12.9 Assure cleanliness and orderliness in the work area. Assure adequate supply of ice and proper levels of water in hydrocollator. Exchange linen daily, and store clean, folded linen under plinths. Inventory, maintain, and clean equipment. Maintain established levels of supplies including linens, braces, bandages, tape and office supplies. Perform clerical duties such as maintaining statistics, writing patient charges, answering telephone, and other related duties.

#### C.10.13 CHIROPRACTOR

C.10.13.1 Perform a full range of chiropractic procedures within the scope of privileges granted by the Commanding Officer. Utilize the established chiropractic guidelines identified as Guidelines for Chiropractic Quality Assurance and Practice Parameters: Proceedings of the Mercy Center Consensus Conference.

C.10.13.2 Provide a level of productivity comparable to that of other chiropractors assigned to the same facility and authorized the same scope of practice.

C.10.13.3 Conduct a patient history and chiropractic physical examination (excluding vaginal examination) as clinically indicated.

C.10.13.4 Employ and record every measure of observation that will more substantially profile the patient during the initial patient interview and consultation.

C.10.13.5 Utilize X-ray and standard laboratory tests appropriate to the chiropractic diagnosis, and within the MTF's capabilities as detailed by the standard MTF operating procedures.

C.10.13.6 Perform standard osseous and soft tissue procedures only, as commonly taught in chiropractic college accredited by the Council on Chiropractic Education.

C.10.13.7 Utilize modalities of heat, cold, light, electricity, and sound in patient treatment area.

C.10.13.8 Provide patient instructions and recommendations in all matters pertaining to hygiene, nutrition, exercise and life style changes and ergonomic factors in the activities of daily living.

C.10.13.9 Refer patients to specialty services available at the MTF.

C.10.13.10 Orient, instruct, direct, and evaluate work activities of clinical support staff.

C.10.13.11 Plan and conduct lectures and training programs on chiropractic related subjects for staff, students and patients.

C.10.13.12 Order orthotics, lifts, collars, and lumbar sacral supports if available at the MTF.

C.10.13.13 Place active duty patients on limited duty or quarters status according to MTF bylaws.



C.10.13.14 Document actions taken such as patient history, patient evaluation, treatments/adjustments, unusual occurrences, and morbidity in accordance with MTF operating procedures.

C.10.13.15 Comply with data collection and documentation requirements of the MTF.

C.10.14 Reserved

C.10.15 Reserved

#### C.10.16 CLINICAL PSYCHOLOGIST

C.10.16.1 Perform a full range of clinical psychologist procedures in accordance with clinical privileges granted by the commanding officer.

C.10.16.2 Administer programs of treatment to mentally and emotionally disturbed individual adjustments to life; help medical and surgical patients deal with illnesses or injuries.

C.10.16.3 Assist in treating rehabilitation patients.

C.10.16.4 Treat individuals in times of personal crisis such as a divorce or death of a loved one.

C.10.16.5 Interview patients and study medical and social case histories.

C.10.16.6 Diagnose and evaluate mental and emotional disorders of individuals and administer programs of treatment.

#### C.10.17 CLINICAL SOCIAL WORKER

C.10.17.1 Perform a full range of clinical social worker procedures in accordance with clinical privileges granted by the commanding officer.

C.10.17.2 Practice as an interdependent member of the health team and provide important components of primary health care through direct social work services, consultation, collaboration, referral, teaching, and advocacy

C.10.17.3 Provide direct and indirect services to both inpatients and outpatients in accordance with social work standards of practice.

C.10.17.4 Assess and treat outpatients in individual, group, couples, and family modalities exercising mature professional judgment and using a wide range of social work skills to include individual and family counseling to assist patients and their families in dealing with chronic and acute diseases/injuries.

C.10.17.5 Conduct psychosocial assessments to determine patient needs and resources (both family support and community support). Provide counseling to patient and family in matters directly related to patients' limitation, adjustment to medical condition, and ongoing treatment. Develop and implement discharge plans, follow-up care, and transfers to other health care facilities (e.g., nursing homes, rehabilitation hospitals, and VA facilities).

C.10.17.6 Plan and maintain referral and coordination services with civilian health and social service agencies to provide optimal patient care.

C.10.17.7 Provide consultation services to medical, nursing, and ancillary hospital staff regarding psychosocial issues, discharge plans, and follow-up care for patients and families.

C.10.17.8 Provide crisis intervention services.

C.10.17.9 Respond independently, and with various media, to appropriate military and community requests for lectures and presentations. Take the initiative in seeking out opportunities to present programs to meet the needs of service members and their families.

C.10.17.10 Consult with Naval Hospital Command and administration, supplying information and feedback regarding procedures and services provided by the Psychology Division.

C.10.17.11 Develop and maintain working relationships with community resources. Coordinate with teachers, lawyers, physicians, and representatives of their service disciplines for the benefit of the service member and their families. Take initiative in identifying and assessing the needs of the military community, and organize responses to address those needs.

C.10.17.12 Act as a human services broker, using clinical judgment and knowledge of area resources to provide information and referrals to patients and other care providers.

C.10.18 CLINICAL SOCIAL WORKER, CASE MANAGER. In addition to the applicable Clinical Social Worker duties given above:

C.10.18.1 Interface with the MTF RN Case Manager(s) in the development and implementation of the Case Management Program (CMP).

C.10.18.2 Integrate social work case management and nurse case management as a team.

C.10.18.3 Develop local strategies that use the strength and disciplines of both nursing and social work to accomplish case management.

C.10.19 Reserved

C.10.20 Reserved

C.10.21 COMPUTED TOMOGRAPHY (CT) TECHNOLOGIST

C.10.21.1 Perform a full range of CT Technologist functions and procedures. Operate or direct operations of radiological equipment for computerized tomography. Become proficient with and adhere to the local Standard Operating Procedures (SOP) for the correct conduct of CT procedures.

C.10.21.2 Receive the patient and explain the procedure to be performed and answer relevant questions. Provide for the physical and emotional comfort of the patient.

C.10.21.3 Set up patients and perform necessary adjustments and patient position as prescribed by the Diagnostic Radiologist or physician. Position the patient and make exposures necessary to complete the requested exam.

C.10.21.4 Perform computerized axial tomographic scans. Make independent standard examination, inclusive of arriving/departing patients via automated computer tracking system. Prepare the patient with the required contrast agents; position the patients in the scanning unit; make the exposures necessary for the requested examinations and print the film.

C.10.21.5 Provide direct assistance in the performance of highly sophisticated and complex examinations, requiring dynamic scanning techniques.

C.10.21.6 Schedule patients for examinations. Evaluate the nature of critical and emergency procedures and determine patient priorities to accommodate them. Maintain records of patients treated, examinations performed, scans taken, etc. Maintain permanent records of scans in tape library.

C.10.21.7 Provide technical and professional knowledge for diagnostic impressions and findings.

C.10.21.8 Assist in researching, developing and formulating new techniques for CT procedures required by the Imaging Division.

C.10.21.9 Perform patient archiving and printing, to include making hardcopy radiographs or required images at the correct window and level settings. Process the images and file in correct file folder, and retrieve file jackets in the film archives as necessary. Archiving responsibilities include: transferring the required image information to the established long term storage device and printing those images for each patient as required by the SOP manual or as directed by the imaging physicians.

C.10.21.10 Confer with the radiologist to establish requirements of non-standard examinations to determine technical factors, positioning, number and thickness of CT “cuts” necessary to satisfy the requirements of that study.

C.10.21.11 Notify the radiologist or referring physician of any significant scans requiring immediate attention and visualization while the patient is undergoing examination.

C.10.21.12 Recognize the need for quality control and maintenance on dry view laser imager.

C.10.21.13 Review new developments in the field by reading journals and attending meetings when possible and recommend to supervisor those changes that would improve the operation of the department section. Perform other related duties as assigned.

C.10.21.14 Recognize need for, and institute the necessary emergency measures for situations where a person required resuscitation procedures due to cardiac or respiratory arrest.

C.10.21.15 Safely and effectively operate equipment used in patient care as specified in the equipment user manuals or other similar documentation. Maintain a safe working environment. This includes general safety procedures, safe practices of emergency procedures, proper handling and storage of hazardous materials, maintaining physical security, and reporting of incidents.

C.10.22 Reserved

C.10.23 Reserved

#### C.10.24 CYTOTECHNOLOGIST

C.10.24.1 Perform a full range of cytotechnology procedures.

C.10.24.2 Examine human body cells to detect evidence of cancer or other diseases.

C.10.24.3 Draw blood from patients by venipuncture or receive blood specimens sent to laboratory.

C.10.24.4 Centrifuge blood specimens in test and capillary tubes to separate sediment and cells from blood serum.

C.10.24.5 Categorize slides, record classification, and compile listings of patients for follow-up analysis.

C.10.24.6 Report slides with unusual cell structures and findings of analysis on subsequent specimens to pathologist.

C.10.25 Reserved

C.10.26 Reserved

#### C.10.27 DIETETIC TECHNICIAN

C.10.27.1 Act as a liaison between the Nutrition Management Department and the patients.

C.10.27.2 Maintain all required records, reports and statistics in accordance with MTF standard operating procedures. Assist in implementing and evaluating Nutrition Management Department functions.

C.10.27.3 Assist in care and maintenance of equipment and supplies used in the performance of duties. Document maintenance on equipment. Requisition supplies and educational materials as required.

C.10.27.4 Collect nutritionally relevant data, e.g., medication, clinical symptoms, laboratory values, dietary history, anthropometrics, etc., from the medical record consistent with screening and assessment guidelines for all age specific groups from infants to geriatrics. Complete nutritional assessment of the nutritional status/needs of the not at risk patients.

C.10.27.5 Calculate nutrient and energy intake values and assist in evaluating data from patient's dietary history.

C.10.27.6 Develop and revise nutritional care plan for patients not at nutritional risk, specifying diet, counseling, etc., and document in the medical record.

C.10.27.7 Monitor, evaluate and document patient's adherence/acceptance/tolerance of nutritional care/food intake and make appropriate recommendations.

C.10.27.8 Counsel patients not at nutritional risk concerning nutrition concepts and desired change in eating habits. Under direction of the dietitian, instruct patients and their families on prescribed diets including low sodium, weight reduction, prenatal, dental liquid, low fat, low residue, low fiber, high fiber, cardiac, and fat controlled, and document in the medical record.

C.10.27.9 Provide group classes in basic nutrition and routine modified diets to patients and/or employees. Provide inservice training and orientation for staff employees.

C.10.27.10 Gather data according to prescribed methods for use in evaluating patient food service. Evaluate patient meal test trays for accuracy in accepted standard levels and give recommendations as necessary. Participate and conduct meal rounds, trayline observation and patient opinion surveys.

C.10.27.11 Consult the appropriate dietitian concerning unusual nutritional problems of patients and take appropriate action if necessary.

C.10.27.12 Complete nutrition analysis of menus, recipes, diets, and calorie counts, using the available computer software.

#### C.10.28 DIETITIAN

C.10.28.1 Perform a full range of dietitian services in accordance with clinical privileges granted by the commanding officer.

C.10.28.2 Perform nutritional assessment, evaluation, and modification of nutrients.

C.10.28.3 Perform interpretation of laboratory data.

C.10.28.4 Perform evaluation of diet history, 24-hour recall, and food frequency data.

C.10.28.5 Perform modifications in fiber, consistency, calories, carbohydrates, fats, proteins, and minerals.

C.10.28.6 Provide alternate dietary plans to account for food allergy, food intolerance, or for food preferences such as vegetarianism.

C.10.28.7 Incorporate into dietary plans: nutritional factors associated with obesity, diabetes, cancer, cardiac, gastrointestinal, hepatic, hypertension, metabolic, endocrine, renal, surgery, neurologic, pulmonary, malabsorption, and infection; all life cycle phases (e.g., pregnancy, lactation, infants, children, adolescents, adults, and geriatrics); disease prevention of palliation (e.g., dental caries, oral health, weight control, risk factor intervention, oncology, abnormalities of nutrient metabolism, drug-nutrient, and diet-drug interactions, substance abuse, and feeding problems); and nutritional factors associated with stress, deficiency states, immunologic implication, megavitamin supplementation.

C.10.28.8 Provide education of patient and family in lifestyle modifications for factors given above.

C.10.28.9 Provide liaison between physician, nursing care, and nutritional services.

C.10.29 Reserved

#### C.10.30 DOSIMETRIST

C.10.30.1 Perform a full range of medical dosimetrist duties as assigned by the radiation oncologist or medical physicist.

C.10.30.2 Perform dosimetric calculations for external beam treatments and brachytherapy.

C.10.30.3 Utilizing data acquired during the planning process (CT, MRI, and simulation), generate two dimensional or three dimensional isodose plans following the specifications of the radiation oncologist.

C.10.30.4 Assist with simulations and obtaining patient contours as requested by physicians and radiation therapy technologists.

C.10.30.5 Coordinate and assist in the performance of cross sectional imaging studies as required in support of treatment planning and dose determination.

C.10.30.6 Document and communicate all facets of the treatment to the oncology team and assure that a copy of the treatment plan is in the patient's treatment record.

C.10.30.7 Exercise competence with the clinical treatment requirements for the use of Multileaf Collimation, Dynamic Wedging, and Intensity Modulation.

C.10.31 Reserved

C.10.32 Reserved

#### C.10.33 EMERGENCY MEDICAL TECHNICIAN

C.10.33.1 Provide a full range of EMT services within the MTF emergency department.

C.10.33.2 Upon receipt of an emergency request for an ambulance, accompany the emergency department ambulance.

C.10.34 Reserved

C.10.35 Reserved

**C.10.36 GENETICS COUNSELOR**

C.10.36.1 Perform a full range of genetics counseling, both independently and in association with Maternal-Fetal Specialists, for patients at risk of chromosomal, inheritable or acquired birth defects.

C.10.36.2 Provide genetic counseling services for a variety of indications, including advanced maternal age, abnormal Maternal serum-alpha-fetoprotein (MSAFP) screening, abnormal fetal ultrasound, significant family history of birth defect or inheritable disease, or exposure to known teratogen.

C.10.36.3 Serve as a resource for health care providers, providing information regarding prenatal testing as well as assessment of need for genetic counseling.

C.10.36.4 Participate in in-service meetings of OB/GYN staff.

C.10.36.5 Collaborate and coordinate with other departments such as Pediatrics to maintain continuity of care.

C.10.37 Reserved

C.10.38 Reserved

**C.10.39 HEALTH EDUCATOR**

C.10.39.1 Review Health Enrollment Assessment Review (HEAR) reports and PCM reports for high risk and frequent users of health care. Contact these patients to schedule education opportunities in a classroom format, in one on one appointments, or through other appropriate means.

C.10.39.2 Review HEAR Reports and PCM reports for delinquent preventive services, contact the patient, and schedule an appointment for the clinical preventive service. Ensure that all enrollees receive their clinical preventive services at recommended age intervals.

C.10.39.3 Use the HEAR group data to determine the health risk of the population and how to improve the overall health of the enrolled population.

C.10.39.4 Educate the enrolled population about the Healthwise handbook and how to use it for home care.

C.10.39.5 Use the PPIP Flow Sheet DD2766 medical records form for documenting clinical preventive services.

C.10.39.6 Provide health promotion and education opportunities including, but not limited to, tobacco awareness; tobacco cessation classes or appointments consistent with the MTF tobacco cessation program; and nutrition education and weight management.

C.10.40 Reserved

C.10.41 Reserved

C.10.42 Reserved

**C.10.43 LICENSED PRACTICAL NURSE**

C.10.43.1 Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.

C.10.43.2 Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.

C.10.43.3 Obtain and document patient and pertinent family history.

C.10.43.4 Perform a full range of diagnostic support duties which include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.

C.10.43.5 Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colposcopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.

C.10.43.6 Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

C.10.43.7 Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters and suctions, inserting nasogastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.

C.10.43.8 Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions which deviate from expected findings.

C.10.43.9 Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

C.10.43.10 Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the registered nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.

C.10.43.11 Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

C.10.43.12 Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.

C.10.43.13 Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

C.10.43.14 Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

C.10.43.15 Administer immunizations in a safe and accurate manner with strict adherence to all NAVHOSP, NAVMED and CDC Immunization policies.

C.10.43.16 Recognize conditions which require isolation. Ensure universal precautions are used in all patient encounters.

C.10.43.17 Recognize emergency situations and assist with, or institute emergency measures for sudden adverse developments in patients such as cardiac arrests.

C.10.43.18 Perform preoperative procedures for minor surgery, and fill out preop checklist.

C.10.43.19 Assist patients in admission, transfer, and perform discharge planning follow-up and documentation.

C.10.43.20 Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions which were previously provided to the patient by a nurse, physician extender or physician.

C.10.43.21 Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

C.10.43.22 Provide emotional support to patients and families.

C.10.43.23 Ensure necessary supplies are available and equipment is in functioning order.

C.10.43.24 Provide an orderly, clean and safe environment for patients and staff.

C.10.43.25 Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

C.10.43.26 Ensure maintenance and resupply of pharmaceuticals in the clinic.

C.10.43.27 Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform the Charge Nurse of and discrepancy on daily checks.

C.10.44 Reserved

C.10.45 Reserved

#### C.10.46 MAGNETIC RESONANCE IMAGING (MRI) TECHNOLOGIST

C.10.46.1 Perform a full range of MRI technologist functions and procedures.

C.10.46.1 Explain to the patient the procedure to be performed and answer relevant questions. Provide for the physical and emotional comfort of the patient.

C.10.46.2 Set up patients and perform necessary adjustments and patient position as prescribed by the Diagnostic Radiologist or senior MRI Technologist.

C.10.46.3 Perform daily warm up and quality control checks of MRI equipment as per manufacturer's or technical representative's recommendations.

C.10.46.4 Operate MRI equipment.

C.10.47 Reserved

#### C.10.48 MAMMOGRAPHY TECHNOLOGIST

C.10.48.1 Perform a full range of mammography technologist duties.

C.10.48.2 Perform breast imaging procedures.

C.10.48.3 Corroborate patient's clinical history with procedure, assuring information is documented in accordance with the department's standards.



C.10.48.4 Prepare patient for procedures; providing instructions to obtain desired results, gain cooperation and minimize anxiety.

C.10.48.5 Select and operate breast imaging equipment and associated devices to achieve desired results.

C.10.48.6 Position patient and equipment to best demonstrate anatomic area of interest, respecting patient ability and comfort.

C.10.48.7 Immobilize patients as required for appropriate examination, explaining the need for breast compression during mammography.

C.10.48.8 Determine radiographic technique and exposure factors.

C.10.48.9 Apply principles of radiation protection to minimize exposure to patient, self and others.

C.10.48.10 Evaluate mammograms or other breast images for technical quality, assuring that proper identification is recorded.

C.10.48.11 Assume responsibility for provision of physical and psychological needs of patients during procedures.

C.10.48.12 Provide and assist or physical breast inspection or palpitation.

C.10.48.13 Provide patient education, including breast self-examination techniques.

C.10.48.14 Operate mammography equipment.

C.10.48.15 Perform daily warm up and quality control checks of the Mammography equipment as per manufacturer's recommendations.

C.10.49 Reserved

#### C.10.50 MEDICAL LABORATORY TECHNICIAN

C.10.50.1 Perform clinical laboratory tests in any one or a combination of areas as described in following sections of the laboratory: Hematology, chemistry, urinalysis, serology, microbiology and blood bank.

C.10.50.2 Calculate test results and measure prescribed quantities of samples during tests.

C.10.50.3 Notice pertinent details of specimens under microscopic study.

C.10.50.4 Perform a wide variety of laboratory tests either manually or using automated instrumentation.

C.10.50.5 Evaluate information against measurable criteria in the performance of laboratory tests.

C.10.50.6 Perform precise and accurate laboratory testing according to established laboratory procedures.

C.10.50.7 Receive written requisitions from health care providers for routine and special laboratory tests.

C.10.50.8 Set up and adjust laboratory equipment and apparatus.

C.10.50.9 Obtain laboratory specimens directly from patients by venipuncture.

C.10.50.10 Add reagents or indicator solutions, and subject specimens to various laboratory operations according to established procedures.

C.10.50.11 Prepare slides for microscopic analysis as necessary.

C.10.50.12 Observe test reactions, changes of color, or formation of precipitates; studies or subjects treated specimens to automatic analyzing equipment to make qualitative and quantitative analysis.

C.10.50.13 Record test results to flat logs and request slips and file reports in the Composite Healthcare System (CHCS).

C.10.50.14 Bring to the attention of the section supervisor, pathologist or general laboratory supervisor any unusual or grossly abnormal test result.

C.10.50.15 Perform light general cleaning of work areas such as collection of trash, autoclaving of specimens, cleaning of bench tops and light dusting.

C.10.50.16 Prepare specimens for transport to MTF laboratory or for mailout.

C.10.50.17 Prepare biological waste for proper disposal.

C.10.50.18 Participate/perform the prescribed QC/CAP programs.

C.10.51 Reserved

#### C.10.52 MEDICAL TECHNOLOGIST

C.10.52.1 Perform a full range of automated and nonautomated laboratory procedures in the areas of chemistry, urinalysis, hematology, serology, bacteriology, and immunochemistry according to established protocols.

C.10.52.2 Evaluate requested procedures to determine the suitability of specimens for analysis. Prepare specimens for analysis, ensuring that the physiologic state of the properties is maintained.

C.10.52.3 Prepare reagents and primary reference materials as necessary. Calibrate, standardize, adjust, and maintain instruments. Verified correct instrument operation using established procedures and quality control checks. Identify the cause of common problems and make simple repairs.

C.10.52.4 Recognize and react to indicators of malfunction. Locate and implement corrections. Obtain analytical data, convert to prescribed units of reporting as necessary, and correlate data to verify results.

C.10.52.5 Enter and certify laboratory results into CHCS.

C.10.52.6 Conduct quality control procedures on equipment, reagents and products and maintain proper records for quality control and quality assurance reports.

C.10.52.7 Instruct medical laboratory technicians, residents, and others in laboratory policies and procedures.

C.10.53 Reserved

C.10.54 Reserved

#### C.10.55 NUCLEAR MEDICINE TECHNOLOGIST

C.10.55.1 Perform a full range of nuclear medicine technologist procedures.

C.10.55.2 Prepare, measure, and administer radiopharmaceuticals in diagnostic and therapeutic studies, utilizing a variety of equipment and following prescribed procedures.

C.10.55.3 Operate cameras that detect and map the radioactive drug in the patient's body to create an image on photographic film or a computer monitor.

C.10.55.4 Administer therapeutic doses of radiopharmaceuticals under direction of physician.

C.10.55.5 Perform radioimmunoassay studies that assess the behavior of a radioactive substance inside the body, such as adding radioactive substances to blood or serum to determine levels of hormones or therapeutic drug content.

Maintain patient records and record the amount and type of radionuclides received, used, and disposed of.

C.10.56 Reserved

C.10.57 Reserved

C.10.58 NURSE MIDWIFE.

C.10.58.1 Provide a full range of nurse practitioner services in accordance with privileges granted by the Commanding Officer

C.10.58.2 Adhere to NAVMEDCOMINST 6550.4, Utilization Guidelines for Nurse Practitioners (available from the COR upon request). This instruction includes the following requirements: permits nurse practitioner ordering and administration of an approved list of drugs according to protocol and requires random review of records of patients seen by the nurse practitioner.

C.10.58.3 Provide comprehensive primary care to a select population of essentially healthy women and their babies in a variety of settings to include prenatal care, intrapartum management, postpartum care, immediate newborn care, and well-woman visits.

C.10.58.4 Participate in the care of women with medial complications in collaboration with Obstetricians-Gynecologists.

C.10.58.5 Manage the care of normal antepartum women to include teaching, counseling and support.

C.10.58.6 Collect, document, and evaluate patient data. Take health history and perform and record the obstetrical physical evaluation.

C.10.58.7 Assess patient needs and formulate and implement a plan of care for each patient consistent with established guidelines.

C.10.58.8 Operate support, consultation or collaborative management for those patients and families experiencing critical illness and/or potential death.

C.10.58.9 Manage labor, including teaching and support.

C.10.58.10 Perform the following: start intravenous infusions; administer analgesia according to standing orders; manage and control normal spontaneous deliveries; record the labor and delivery.

C.10.58.11 Perform and record physical evaluation of newborns.

C.10.58.12 Manage the care of normal newborn including nutrition, elimination and activity.

C.10.58.13 Maintain all required patient records and reports pertinent information.

C.10.58.14 Prepare and submit all reports and statistics in a timely manner.

C.10.58.15 Keep current in nursing practice within the nurse Midwife specialty in accordance with the criteria of the American College of Nurse-Midwives.

C.10.59 Reserved

#### C.10.60 NURSE PRACTITIONER

C.10.60.1 Provide a full range of nurse practitioner services in accordance with privileges granted by the Commanding Officer (e.g., supervise and provide general screening and medical care and examinations of patients for routine, acute and chronic conditions involving any and all organ systems; provide immunizations; diagnose, treat, and counsel patients as indicated).

C.10.60.2 Adhere to NAVMEDCOMINST 6550.4, Utilization Guidelines for Nurse Practitioners (available from the COR upon request). This instruction includes the following requirements: permits nurse practitioner ordering and administration of an approved list of drugs according to protocol and requires random review of records of patients seen by the nurse practitioner.

C.10.60.3 Treat patients with common acute conditions, illnesses, or minor trauma within accepted protocols, Nurse Practice Acts, and/or in collaboration with a physician.

C.10.60.4 Collaborate with the physician in the health care of patients with chronic illnesses.

C.10.60.5 Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

C.10.60.6 Order diagnostic tests as applicable.

C.10.60.7 Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

C.10.60.8 Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

C.10.61 Reserved

C.10.62 Reserved

#### C.10.63 NURSE PRACTITIONER, NEONATAL

C.10.63.1 Provide a full range of nurse practitioner services in accordance with privileges granted by the Commanding Officer.

C.10.63.2 Adhere to NAVMEDCOMINST 6550.4, Utilization Guidelines for Nurse Practitioners (available from the COR upon request). This instruction includes the following requirements: permits nurse practitioner ordering and administration of an approved list of drugs according to protocol and requires random review of records of patients seen by the nurse practitioner.

C.10.63.3 Provide medical management of patients in the newborn nursery under the supervision of a staff pediatrician. This includes attending deliveries, doing admission and discharge assessments, teaching of Birth Product Line staff, and arranging follow-up. Provide well child care for neonates within 28 days of discharge from the nursery.

C.10.63.4 Provide comprehensive medical assessment, examination, consultation, diagnosis, and treatment plan for neonates, under the direction of a staff Pediatrician.

C.10.63.5 Provide medical management of neonates in the Nursery and Level II Nursery and other areas to include neonatal resuscitation, conventional ventilation, stabilize and maintain Level III care prior to transport, prescription of medications (including controlled substances), to treat neonatal medical disorders, under direction of a staff Pediatrician.

C.10.63.6 Request and interpret laboratory tests, electrocardiograms, and radiographic procedures, and other tests as needed under the direction of staff Pediatricians.

C.10.63.7 Perform procedures including sedation, endotracheal intubation, routine phlebotomy, arterial phlebotomy, percutaneous central venous line placement, umbilical line placement, lumbar puncture, suprapubic bladder taps, bladder catheterization, needle thoracentesis, chest tube placement, circumcision as deemed appropriate under the supervision of the staff Pediatrician.

C.10.63.8 Attend routine and high-risk deliveries as a member of the Resuscitation Team and perform Neonatal Resuscitation.

C.10.63.9 Provide medical care to neonates awaiting transport to other facilities and from other higher level of care NICUs, under direction of a staff Pediatrician.

C.10.63.10 Provide outpatient care for routine well baby appointments, NICU follow-up appointments.

C.10.63.11 Provide instruction to students and resident physicians rotating through the nursery at Naval Hospital Camp Lejeune

C.10.64 Reserved

C.10.65 Reserved

#### C.10.66 OPERATING ROOM TECHNICIAN

C.10.66.1 Perform a full range of surgical/operating room technician services to include performance as a scrub technician; pass instruments to surgeon and/or surgical assistants; assist circulating nurse to prepare patients for surgery and assists in preparation of patient's operative site; assist the anesthesiologist; adjust lights and other equipment as directed; verify proper identification of patients and scheduled surgical procedure; review to ensure appropriate consent forms are complete; assist in positioning patient in prescribed position for surgery; and assist as directed in moving patient to and from the surgery site.

C.10.66.2 Count (with the circulating nurse) sponges, needles and instruments used during surgery and assist in clean up of operating room using standard MTF policies.

C.10.66.3 Prepare operative specimens as directed, label and deliver them to the laboratory and move equipment to and from operating rooms as necessary for scheduled procedures.

C.10.66.4 Place proper furnishings, equipment, sterile and nonsterile supplies, and instruments in operating room; check equipment for proper functioning and manage case cart system; and provide and place appropriate sterile drapes for surgical procedure. Perform equipment and instrument sanitation; disassemble and sort instruments and transfer to cleaning area.

C.10.66.5 Provide pick-up and delivery service for such items as blood gasses, supplies, specimens, and materials to support Operating Room needs.

C.10.66.6 Provide sterile supply service: cleans, washes, decontaminates, and prepares instruments and equipment for sterilization; conducts sterilization by appropriate method; monitor and document sterilizer function; provide pick-up and delivery for Central Sterile Supply (CSS) to activities within the medical facility.

C.10.66.7 Conduct inventory; determine need; orders, obtains, receives, and stores surgical supplies; and inspect and monitor stocking of Cardiopulmonary Resuscitation (PR) crash cart.

C.10.66.8 Respond to CPR situations, acute respiratory problems and other emergencies as needed.

C.10.67 Reserved

#### C.10.68 OPHTHALMIC TECHNICIAN

C.10.68.1 Provide a wide variety of duties to assist the optometrist/ophthalmologist.

C.10.68.2 Obtain patient histories, perform prescription verification, and maintain patient records.

C.10.68.3 Assist in testing patients' vision. Test far acuity, near acuity, peripheral vision, depth perception, and color perception.

C.10.68.4 Examine eye, using slit lamp, for abnormalities of cornea, and anterior and posterior chambers.

C.10.68.5 Apply drops to anesthetize, dilate, or medicate eyes.

C.10.68.6 Measure intraocular pressure of eyes (glaucoma test).

C.10.68.7 Test field of vision, including central and peripheral vision, for defects, and charts test results on graph paper.

C.10.68.8 Measure axial length of eye, using ultrasound equipment.

C.10.68.9 Performs other tests and measurements as directed by the physician.

C.10.68.10 Instruct patients concerning eye care. Instruct patients in contact lens handling

C.10.68.11 Administer vision therapy programs prescribed by the optometrist/ophthalmologist.

#### C.10.69 OPTOMETRIST

C.10.69.1 Perform a full range of optometry examinations and procedures in accordance with clinical privileges granted by the commanding officer.

C.10.69.2 Supervise, oversee, or instruct other health care professionals seeing patients within the scope of their clinical privileges or responsibilities.

C.10.69.3 Promote preventive and health maintenance care, including appropriate periodic examinations, positive health behaviors, and self-care skills through education and counseling.

C.10.69.4 Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

C.10.69.5 Order diagnostic tests as applicable.

C.10.69.6 Prescribe and dispense medications in accordance with privileges and as delineated by the Pharmacy and Therapeutics Committee.

C.10.70 Reserved

C.10.71 Reserved

#### C.10.72 PHARMACIST

C.10.72.1 Perform a full range of pharmacist procedures.

C.10.72.2 Deliver comprehensive pharmaceutical services within the personnel, supply, and equipment capabilities of the facility.

C.10.72.3 Counsel patients regarding appropriate use of medications.

C.10.72.4 Review patient profiles at the time of dispensing in order to closely monitor medication therapy.

C.10.72.5 Ensure prescription directions for use, dose, medication interactions, therapeutic duplications or overlaps, allergy information, age specific dosage, and other pertinent data are appropriate for individual patients. Intervention with providers shall be made for noted discrepancy of above listed items.

C.10.72.6 Compound medications as required.

C.10.72.7 Ensure accuracy of all pharmaceutical products prepared or processed by technical staff.

C.10.72.8 Work closely with clinical staff in developing patient wellness programs such as smoking cessation programs and asthma classes.

C.10.72.9 Provide medication information to the clinical staff as required.

C.10.72.10 Provide medication and healthcare related in service training to clinical staff on new medications on the market; appropriate use of medications; comparison of current medication therapies; and other topics as deemed appropriate by the department head.

C.10.72.11 Provide clinical direction of corpsmen and pharmacy technicians and provide input into job performance evaluations.

C.10.72.12 Supervise inventory control of all pharmaceuticals in the pharmacy, especially scheduled pharmaceuticals, and ensure pharmacy security. Maintain appropriate records and security of all scheduled controlled substances according to applicable regulations.

C.10.72.13 Consult with other specialty practitioners who have been referred for pharmaceutical services.

C.10.72.14 Ensure that work areas are clean and safe according to applicable regulations.

C.10.72.15 Document significant medication interactions, and pharmacy interactions with prescribers.

C.10.72.16 Execute drug utilization reviews (DURs) as deemed necessary.

#### C.10.73 PHARMACY TECHNICIAN

C.10.73.1 Perform a full range of pharmacy technician procedures.

C.10.73.2 Perform pharmaceutical dispensing duties including filling new outpatient prescriptions, refilling prescriptions, and entering orders into databases.

C.10.73.3 Perform information consultation duties including supporting new and refill prescriptions, supporting patient requests, supporting physicians requests, monitoring for drug interactions, and reporting adverse drug reactions.

C.10.73.4 Perform quality improvement duties including performing drug storage inspection, reviewing expired supplies, and producing error and workload reports and documentation.

C.10.73.5 Perform supply process duties including placing new orders, stocking/restocking shelves, inventory maintenance, producing not in stock reports.

C.10.73.6 Provide general cleaning of workspaces including removal of trash, breakdown of cardboard boxes, and sweeping or mopping of workspace.

C.10.74 Reserved

C.10.75 Reserved

#### C.10.76 PHYSICAL THERAPIST

C.10.76.1 Perform a full range of physical therapist services in accordance with the scope of clinical privileges granted by the Commanding Officer.

C.10.76.2 Provide appropriate therapeutic procedures and provide a full range of therapy services in support of patient referrals from the following specialties: Orthopedics, General Medicine and Surgery, Primary Care Clinic, Rheumatology and other referrals approved by Department Head/Division Officer.

C.10.76.3 All patient contact and care shall be safe, timely, result in achievement of realistic and documented treatment goals, and comply with or satisfy the intent of the referring medical staff.

C.10.76.4 Test and measure the patient's strength, motor development, sensory perception, functional capacity, and/or respiratory and circulatory efficiency. Record findings to develop or revise treatment programs.

C.10.76.5 Plan and prepare written treatment programs based on an evaluation of the patient.

C.10.76.6 Administer manual exercises to improve and maintain function.

C.10.76.7 Instruct, motivate, and assist patients in performing various physical activities, such as non-manual exercises, ambulatory functional activities, daily-living activities, and in use of assistive and supportive devices, such as crutches, canes, and prostheses.

C.10.76.8 Administer treatments involving application of physical agents, using equipment such as a pulsed lavage unit and/or whirlpool bath, moist packs, ultraviolet and infrared lamps, and ultrasound machines. Evaluate effects of treatment at various stages and adjust treatments to achieve maximum benefit.

C.10.76.9 Administer soft tissue mobilization, applying knowledge of mobilization techniques and body physiology. Administer traction to relieve pain, using traction equipment.

C.10.76.10 Record treatment, response, and progress in patient's chart and/or automated systems.

C.10.76.11 Instruct patient and family in treatment procedures to be continued at home. Evaluate, fit, and adjust prosthetic and orthotic devices and recommend modification as required.



C.10.76.12 Coordinate treatment with physician and other staff members to obtain additional patient information, suggest revisions in treatment program, and integrate physical therapy treatment with other aspects of the patient's health care. Contact referring physicians regarding patient care concerns, as required.

C.10.76.13 Provide documented treatment and discharge recommendations to members of the staff in routine, emergency, and special cases as needed.

C.10.76.14 Orient, instruct, and direct work activities of assistants, technicians, aides, students, etc.

C.10.76.15 Provide input and attend rehabilitation team meetings, seminars, and quality assurance meetings.

C.10.76.16 Participate in peer review activities.

#### C.10.77 PHYSICAL THERAPY ASSISTANT

C.10.77.1 Provide a full range of physical therapy assistant services, including the services given below, as directed by the supervising physical therapist.

C.10.77.2 Carry out a program of corrective exercise and treatment for assigned patients, as directed by the head physical therapist. Under supervision, administer such treatment as exercise, gait training, massage, whirlpool, hot packs, diathermy, ultrasound, paraffin, ice packs and traction. Instruct patients on segments of the program including proper use of wheelchairs, crutches, braces, and prosthetic appliances and devices.

C.10.77.3 Administer traction to relieve neck and back pain, using intermittent and static traction equipment. Instruct, motivate, and assist patients to learn and improve functional activities, such as preambulation, transfer, ambulation, and daily-living activities.

C.10.77.4 Observe patients during treatments and compile and evaluate data on patients' responses to treatments and progress and report orally or in writing to the physical therapist.

C.10.77.5 Fit patients for, adjust, and train patients in the use and care of orthopedic braces, prostheses, and supportive devices, such as crutches, canes, walkers, and wheelchairs.

C.10.77.6 Confer with members of the physical therapy staff and other health team members, individually and in conference, to exchange, discuss, and evaluate patient information for planning, modifying, and coordinating treatment programs. Coordinate with other departments and the clinic staff to provide complete care to patients. Act as a liaison with nursing, medical staff, and other therapists to facilitate problem solving and coordination of services. Act as educational resource.

C.10.77.7 Give orientation, direction and instruction to new physical therapy assistants and physical therapy aides.

C.10.77.8 Perform clerical duties, such as taking inventory, ordering supplies, answering telephone, taking messages, filling out forms, scheduling patients, and staffing the reception area. Maintain and care for department equipment and supplies and storage. Maintain department records and files in accordance with facility policies. Perform coding of patient encounters and workload.

C.10.77.9 Measure patient's range-of-joint motion, length and girth of body parts, and vital signs to determine effects of specific treatments or to assist physical therapist to compile data for patient evaluations.

C.10.77.10 Monitor treatments administered by physical therapy aides.

C.10.78 Reserved

C.10.79 Reserved

C.10.80 PHYSICIAN

C.10.80.1 Provide a full range of physician services in accordance with privileges granted by the Commanding Officer.

C.10.80.2 Supervise, perform, or assist in the instruction of, other health care professionals seeing patients within the scope of their clinical privileges or responsibilities.

C.10.80.3 Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

C.10.80.4 Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

C.10.80.5 Order diagnostic tests as applicable.

C.10.80.6 Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

C.10.81 PHYSICIAN ASSISTANT

C.10.81.1 Provide a full range of physician assistant services in accordance with privileges granted by the Commanding Officer (e.g., supervise and provide general screening and medical care and examinations of patients for routine, acute and chronic conditions involving any and all organ systems; provide immunizations; diagnose, treat, and counsel patients as indicated).

C.10.81.2 Adhere to NAVMEDCOMINST 6550.5, Utilization Guidelines for Physician Assistants (available from the COR upon request). This instruction includes the following requirements: permits physician assistant ordering and administration of an approved list of drugs according to protocol and requires random review of records of patients seen by the physician assistant.

C.10.81.3 Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.

C.10.81.4 Order diagnostic tests as applicable.

C.10.81.5 Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

C.10.81.6 Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

C.10.82 Reserved

C.10.83 Reserved

C.10.84 Reserved

C.10.85 PODIATRIST

C.10.85.1 Provide a full range of podiatry services in accordance with privileges granted by the Commanding Officer (e.g., medical and surgical treatment of disorders of the foot and ankle with comprehensive and complete podiatric medical examination for consultation, diagnosis, and treatment planning).

C.10.85.2 Perform biomedical examination with fabrication or prescribing of orthotic and shoe appliances of devices, including design of special shoes.

C.10.85.3 Provide comprehensive joint and gait analysis as related to foot and ankle.

C.10.85.4 Provide diagnosis and treatment of a wide range of podiatric conditions including but not limited to: dermatological diseases of the foot and ankle; circulatory disorders affecting the foot and ankle; neurological disorders affecting the foot; arthritis and other inflammatory diseases affecting the foot and ankle; toenail disorders; skin and soft tissues tumors and cysts of the foot; soft tissue surgery of the foot (including the skin and nails); digital osseous and soft tissue surgery, including the great toe; foot and ankle trauma (sprains, strains, contusions); skin and soft tissue biopsy of the foot and ankle; and closed extremity dislocations or simple fractures of foot and ankle.

C.10.85.5 Order x-rays of foot and ankle.

C.10.85.6 Order and interpret all appropriate laboratory studies in the practice of podiatric medicine and surgery.

C.10.85.7 Order and prescribe treatment by physical medicine and therapy.

C.10.85.8 Admit podiatric patients to the hospital for further treatment or surgery with co-signature by attending physician.

C.10.86 Reserved

C.10.87 Reserved

#### C.10.88 RADIOLOGIC TECHNOLOGIST

C.10.88.1 Perform a full range of radiologic technology duties associated with the radiologic technologist position required by the task order.

C.10.88.2 Perform diagnostic studies and procedures. These studies shall include all variances of extremities, chest, abdomen and head.

C.10.88.3 Operate or direct operations of radiological equipment provided for routine radiographic examinations.

C.10.88.4 Receive and position patients so the anatomy/pathology is correctly visualized on the radiograph.

C.10.88.5 Prepare the patient and adjust equipment for taking X-rays. Position and instruct patient regarding procedures. Administer contrast medium when ordered.

C.10.88.6 Explain procedure to the patient and provide humane and appropriate care and communication to alleviate the patient fear of examination and correctly position the patient for the examination.

C.10.88.7 Determine proper voltage and current and desired exposure time. Set equipment. Arrange attach or adjust immobilization and support devices, e.g. sandbags, binders, etc. to obtain precise positions, prevent patient from moving and lessen discomfort.

C.10.88.8 Perform correct film identification, ensuring that the patient's name, date of examination, anatomical positioning markers are provided.

C.10.88.9 Observe and report any symptoms which have direct bearing on the patient's condition as a result of adverse reaction to contrast media and inform the Radiologist of any condition requiring his/her attention.

C.10.88.10 Recognize the need for and institute the necessary emergency measures for situations where a person requires resuscitation procedures due to cardiac or respiratory arrest.

C.10.88.11 Process films and prepare them for reading by radiologist.

C.10.88.12 Operate and maintain radiological equipment designed for primary care services. Maintenance of equipment shall include daily film processor cleaning.

C.10.88.13 Perform unscheduled procedures as declared by the requesting physician “no matter what the indication” as directed. The study is to be performed, developed and all required administrative processing completed (labels, jackets, CHCS schedule/arrive depart).

C.10.89 Reserved

#### C.10.90 REGISTERED NURSE

C.10.90.1 Perform a full range of RN duties in accordance with assignment under the task order, including: triage; patient assessment and monitoring; use of patient monitoring and treatment equipment; appropriate nursing care, procedures, and treatments; execution of physicians’ orders within the guidelines of standard nursing practice; documentation of patient care and observations; and patient education and emotional support.

C.10.90.2 Provide professional nursing care in a knowledgeable, skillful, consistent, and continuous manner.

C.10.90.3 Assess each patient and perform triage duties as assigned.

C.10.90.4 Formulate and carry out a goal directed plan of care which based on determined nursing diagnosis and patient outcomes and which is prioritized according to patient needs and available resources including time, personnel, equipment, and supplies.

C.10.90.5 Evaluate effectiveness of self care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.

C.10.90.6 Provide treatment and discharge instructions upon patient release.

C.10.90.7 Perform assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive status.

C.10.90.8 Provide a safe and clean environment for each patient.

C.10.90.9 Ensure areas are stocked and properly equipped.

C.10.90.10 Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.

C.10.90.11 Assist in planning, supervising and instructing LPNs/LVNs, nursing assistants and ancillary personnel.

C.10.91 Reserved

#### C.10.92 REGISTERED NURSE, CASE MANAGER

C.10.92.1 Participate in all phases of the Case Management Program (CMP) and ensure that the CMP meets established case management (CM) standards of care. Assist in coordinating a multidisciplinary team to meet the health care needs, including medical and/or psychosocial management, of specified patients.

C.10.92.2 Serve as consultant to all disciplines regarding CM issues. Provide nursing expertise about the CM process, including assessment, planning, implementation, coordination, and monitoring. Identify opportunities for CM and identify and integrate local CM processes.

C.10.92.3 Develop and implement local strategies using inpatient, outpatient, onsite and telephonic CM; develop and implement policies and protocols for home health assessments and outcome measures.

C.10.92.4 Develop and implement tools to support case management, such as those used for patient identification and patient assessment, clinical practice guidelines, algorithms, CM software, databases for community resources, etc.

C.10.92.5 Integrate CM and utilization management (UM) and integrate nursing case management with social work case management. Prepare routine reports and conduct analyses

C.10.92.6 Assist in establishing and maintaining liaison with appropriate community agencies and organizations, the TRICARE Lead Agent office, and the Managed Care Support Contractor.

C.10.92.7 Maintain adherence to JCAHO, URAC, CMSA and other regulatory requirements. Apply medical care criteria (e.g., InterQual).

C.10.92.8 Ensure accurate collection and input of patient care data and ensure basic CM budgetary management.

C.10.92.9 Oversee MTF CM resources and make recommendations to the Command as to how those resources can best be utilized.

C.10.92.10 Collaborate with the multidisciplinary team members to set patient-specific goals. Develop treatment plans including preventive, therapeutic, rehabilitative, psychosocial, and clinical interventions to ensure continuity of care toward the goal of optimal wellness.

C.10.92.11 Establish and implement mechanisms to ensure proper implementation of patient treatment plan and follow-up post discharge in ambulatory and community health care settings.

C.10.92.12 Provide nursing advice and consultation in person and via telephone.

C.10.92.13 Ensure appropriate health care instruction to patient and/or caregivers based on identified learning needs.

C.10.92.14 Alert physicians to significant changes or abnormalities in patients and provide information concerning their relevant condition, medical history and specialized treatment plan or protocol.

C.10.92.15 Facilitate multidisciplinary discharge planning and other professional staff meetings as indicated for complex patient cases and develop a database and knowledge of local community resources.

C.10.92.16 Develop and implement mechanisms to evaluate the patient, family and provider satisfaction and use of resources and services in a quality-conscious, cost-effective manner.

C.10.92.17 Implement strategies to ensure smooth transition and continued health care treatment for patients when the military member transfers out of the area. Develop a policy for, and assist with, region-to-region transfers.

C.10.92.18 Facilitate screening and assist with transfers of Exceptional Family Member Program (EFMP) families.

C.10.92.19 Plan for professional growth and development as related to the case manager position and maintenance of CM certification. Actively participate in professional organizations including participation in at least one annual national CM conference to be funded by the Government.

C.10.92.20 Establish cost containment/cost avoidance strategies for case management and develop mechanisms to measure its cost effectiveness.

C.10.92.21 Assist with the Composite Health Care System (CHCS) CM interface or other database designed to support CM.

C.10.92.22 Participate in video teleconferences (VTCs) and other meetings as required.

#### C.10.93 REGISTERED NURSE, CHARGE NURSE

C.10.93.1 Provide clinical oversight of the nursing staff within the clinic.

C.10.93.2 Coordinate nursing staff operations with the medical staff.

C.10.93.3 Provide registered nurse services.

C.10.94 Reserved

C.10.95 Reserved

C.10.96 Reserved

#### C.10.97 REGISTERED NURSE, PERIOPERATIVE

C.10.97.1 Perform a full range of RN duties in accordance with assignment under the task order

C.10.97.2 Provide professional nursing care in a knowledgeable, skillful, consistent, and continuous manner.

C.10.97.3 Plan, implement, deliver, direct, and coordinate Perioperative, Post Anesthesia Care Unit (PACU), and Ambulatory Procedure Unit (APU) nursing care using scientific and professional principles as a basis for all techniques and procedures.

C.10.97.4 Pre-admission: Confirm scheduled surgery date and procedure with the Main Operating Room, check procedure on consult against written consent form, ensure surgical checklist is completed. Make pre-op telephone call to client to confirm arrival time and re-enforces physician/anesthesia instructions. Provide any pre-op teaching, post procedure transportation arrangements or significant other teaching.

C.10.97.5 Day of surgery: Greet client, properly identify client with placement of identification and/or allergy band(s). Orient client to Unit. Verify post procedure transportation arrangement.

C.10.97.6 Conduct and document pre-op nursing assessment. Verify client compliance with instructions. Prepare client for procedure, may need to obtain additional labs. Arrange transport to OR (if necessary).

C.10.97.8 Develop an individualized plan of care that prescribes nursing action to achieve desired patient outcomes.

C.10.97.9 Confer with surgeon on procedures concerning instruments, sutures, and equipment, assuring all prescribed equipment is present and functional.

C.10.97.10 Provide equipment and supplies based on patient need. Select equipment in an organized, timely and cost effective manner.

C.10.97.11 Assure emergency equipment is functional before use. Report defective equipment.

C.10.97.12 Monitor patients under local infiltration and block anesthesia.

C.10.97.13 Perform duties as circulatory for surgical procedures, assuming responsibilities for coordinating patient care activities. Assume responsibilities for aseptic technique maintenance during procedures, accuracy of sponge counts and adequacy of supplies.

C.10.97.14 Perform as a scrub nurse.

C.10.97.15 Monitor and control environment. Regulate temperature and humidity as indicated. Adhere to OR sanitation policy/procedures.

C.10.97.16 Post-op: Receive, assess, monitor and document findings on client. Provide education. Ambulate. Verify post-op voiding. Discharge patient after re-enforcement of teaching. Complete nursing care document, reorganize chart and sign out patient. Make follow up clinic appointment for patient.

C.10.97.17 Set up, operate, maintain, and discontinue medical equipment. Administer prescribed medications. Provide emergency medical/surgical treatment. Provide nutrition and nourishment. Assist with transporting patient(s). Maintain nursing record(s) and plans. Provide patient and family teaching. Provide consultative services.

C.10.97.18 Perform telephone follow up assessment of patient and provide instruction reinforcement.

C.10.97.19 Assume responsibility when assigned for inservice programs and training activities relative to surgical procedures and maintenance of aseptic technique and basic aseptic principles. Orient and train new staff member or OR tech/nursing students in scrubbing and circulating duties.

C.10.97.20 Demonstrate a working knowledge of the supply procurement system

C.10.97.21 Adhere to Clinical Sterile Resupply (CSR) policies, procedures and regulations.

C.10.97.22 Monitor economic use of supplies and equipment.

C.10.97.23 Investigate new developments and trends in perioperative, PACU, and APU nursing practice and analyze impact on improved patient care equipment.

C.10.97.24 Assist in maintaining suite readiness and structural safety/integrity by reporting discrepancies to Division Officer.

C.10.97.25 Demonstrate knowledge of the special needs (Perioperative, PACU, and APU) nursing considerations for high-risk age group: infant, pediatric, adolescents, and geriatrics.

C.10.97.26 Responsible for completion of weekly field day of assigned operating room suite. Ensure field day sheet is signed off.

C.10.97.27 Monitor patient emergence from a variety of anesthetic agents; uses the nursing process in rendering this care.

C.10.97.28 Use the Alderete scoring system to Guide PACU care.

C.10.98 Reserved

C.10.99 Reserved

C.10.100 RESPIRATORY THERAPY (CERTIFIED)

C.10.100.1 Efficiently administer all types of respiratory care, and efficiently draw blood, in accordance with professional qualifications, and as directed by the Respiratory Therapist (Advanced) or physician.

C.10.100.2 Operate and troubleshoot all types of respiratory equipment to include proper disassembly, cleaning, sterilization, and packaging of all respiratory therapy equipment to ensure safe patient care.

C.10.100.3 Maintain equipment, to include performing examinations to detect worn tubes, loose connections or other indications of disrepair and notify supervisor of need for maintenance. Start equipment and observe gauges measuring pressure, rate of flow and continuity of test equipment. Notify supervisor of malfunctions.

C.10.100.4 Be familiar with the functions and modes of equipment, ensuring equipment is cleaned, reassembled, and returned to storage.

C.10.100.5 Receive, set-up, operate, and maintain various devices and systems such as ventilators; nebulizers, oxygen therapy systems, humidity and aerosol therapy, sterilizers, and aeration chambers.

C.10.100.6 Administer prescribed doses of medical gases and aerosolized drugs intermittently and continuously. Perform airway management and hygiene including chest percussion postural drainage. Obtain arterial blood gas specimens.

C.10.100.7 Perform patient assessments and monitoring and provide patient instructions including breathing exercises. Make therapeutic recommendations. Examine patient records and report and identify changes in the clinical status of patients. Identify contraindications and report adverse responses/reactions.

C.10.100.8 Change nebulizers on nursing wards and reset O<sub>2</sub> flow as prescribed by physician.

C.10.100.9 Stock shelves in department and other departments of the MTF as needed for the provision of respiratory therapy.

C.10.100.10 Deliver oxygen tanks and other equipment and supplies to specified MTF locations.

#### C.10.101 RESPIRATORY THERAPIST (REGISTERED)

C.10.102 Reserved

C.10.103 Reserved

C.10.104 Reserved

#### C.10.105 SPEECH PATHOLOGIST

C.10.105.1 Provide a full range of speech pathology services in accordance with privileges granted by the Commanding Officer (e.g., evaluation, remediation, counseling, appropriate referral and management of all cases of speech, language, and voice disorders per current ASHA and applicable MTF guidelines).

C.10.105.2 Provide, upon physician referral, evaluation, and treatment programs for basic and more complicated communication disorders including: articulation, language, fluency, resonance phonatory, and neuromuscular problems.

C.10.105.3 Select, administer, and interpret commonly used diagnostic tests including vocabulary, articulation, and language batteries for adults and children.

C.10.105.4 Refer patients to physicians, audiologists, or other health care providers as appropriate.



C.10.105.5 Select appropriate laryngeal (non-vocal) communication devices.

C.10.106 Reserved

C.10.107 Reserved

C.10.108 Reserved

C.10.109 Reserved

#### C.10.110 ULTRASOUND TECHNOLOGIST

C.10.110.1 Receive patients and explain procedures, providing humane and appropriate care and communication to alleviate fear of examination. Correctly position the patient for the examination and make adjustments necessary for the required examination. Determine if any special patient preparation is required.

C.10.110.2 Operate facility provided ultrasound scanners. Operate the linear, sector, and endovaginal probes as well as pulse and color Doppler capabilities of provided scanners.

C.10.110.3 Receive and interpret requests or instructions for diagnostic ultrasound scans; perform daily warm up and assigned quality control checks of the ultrasound scanners.

C.10.110.4 Perform a full range of diagnostic ultrasonic examinations including but not limited to: fetal echo; placental Doppler studies; obstetrical sonography, including imaging of all fetal anatomy in order to obtain accurate dating and growth parameters and evaluate for fetal abnormalities and problems with the pregnancy; pelvic sonography, including imaging of all pelvic anatomy to attain accurate assessment of suspected pathology; and endovaginal sonography exams to obtain accurate assessment of suspected pelvic pathology.

C.10.110.5 Identify abnormalities during testing and determine need for additional scans of affected area.

C.10.110.6 Recognize anatomic variants and determine which other area(s) of the body should be scanned.

C.10.110.7 Use a detailed understanding of diseases of anatomy to accomplish effective ultrasound scanning.

C.10.110.8 Advise the physician of results of the examination and provide them with a preliminary diagnosis.

C.10.110.9 Notify physician of significant scans requiring immediate attention.

C.10.110.10 Maintain and clean ultrasound equipment on a regular basis in accordance with Radiology department standards. Stock and maintain an adequate level of supplies required to ultrasound examinations. Recommend necessary monthly repairs when diagnostic quality is degraded.

C.10.110.11 Make minor adjustments on equipment. Differentiate artifacts from normal or pathological processes and recognize electronic equipment limitations. Program the examination equipment, set up the machine and scanning techniques to be employed.

C.10.110.12 Review new developments in the field by reading journals and attending meeting when possible and recommend to supervisor those changes which would improve the operation of the ultrasound section. Perform other related duties as assigned.

C.10.110.13 Recognize the need for and institute the necessary emergency measures for situations where a person requires resuscitation procedures due to cardiac or respiratory arrest.

C.11. Travel. The Commanding Officer may request that the health care worker travel to provide services, attend training and/or attend Government specified conferences when in the best interest of the Government and patient care. The COR will determine the reasonableness of all costs incurred. When questions arise, the Government's Joint Travel Regulations (JTR) shall always be followed. The contractor shall be compensated for travel per Contract Line Item 0008 in Section B of the contract.

C.11.1. When using a personal vehicle for official duties, the health care worker (HCW) will be compensated for mileage at the prevailing rate. HCW shall not transport the patient or the patient's family in his/her personal or Government vehicle without prior approval from the supervisor.

C.11.2. The Government will not issue Government Travel Orders to the HCW.

C.11.3. Government contract air carriers and the Government's contract airfares are not available to the HCW. Airfare will be paid at the coach rate with 7 days advance purchase, non-refundable ticket price; unless the Government grants prior written approval. The Government shall reimburse the fee charges to reschedule the non-refundable ticket only if the Government reschedules the trip.

C.11.4. The JTR shall serve as the basis for the cost limits for lodging, per diem, miscellaneous expenses and mileage reimbursement if use of privately owned vehicle is authorized. The contractor shall utilize discount hotel/motel and car rental practices. Per diem rates can be found on the World Wide Web at: <http://www.dtic.mil/perdiem/trvlregs.html>.

C.11.5. Costs for transportation, lodging, meals and incidental expenses incurred by the health care worker are allowable subject to Federal Acquisition Regulations Federal 31-205-46 and Federal Travel Regulations prescribed by the General Services Administration or deemed reasonable by the COR.

C.11.6. When possible, the HCW shall use government-provided quarters (BOQ/BEQ) and transportation. If not available, the Government will provide the HCW with an identification letter for presentation to transportation and lodging firms (see Attachment AV). The Government retains the right to direct the mode of travel including the availability and size of rental cars. It should be noted that vendors are not obligated to extend discounted Government rates to contractors working on behalf of the Federal Government.

C.11.7. The contractor shall submit an invoice in accordance with WAWF instructions itemizing expenses in amounts allowable by the COR.

C.11.8. The COR will specify the MTF's procedure to document that the travel was completed and that the expenses were actually incurred.

C.11.9. All reimbursements will be retrospective, payable only upon presentation of a properly prepared invoice (as specified by the facility) to the COR.

C.11.10. The Government reserves the right to require additional documentation, including memoranda from the HCW performing the travel.

C.11.11. The travel shall not be conducted prior to the appropriate funding being added to Contract Line Item 0008 in Section B by modification.

## Section E - Inspection and Acceptance

CONTRACT OFFICER REP

(a) The Contracting Officer's duly authorized representative, the Contracting Officer's Representative (COR), will perform inspection and acceptance of services to be provided.

(b) For the purpose of this clause, the Contracting Officer's Representative (COR) is the authorized representative of the Contracting Officer. The COR for any awarded contract(s) resulting from this solicitation shall be appointed following award(s).

(c) Inspection and acceptance will be performed at the locations listed in Individual Task Orders written under the contract(s) awarded as a result of this solicitation.

## INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government

## CLAUSES INCORPORATED BY REFERENCE

52.246-4	Inspection Of Services--Fixed Price	AUG 1996
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## CLAUSES INCORPORATED BY FULL TEXT

252.246-7000 MATERIAL INSPECTION AND RECEIVING REPORT (MAR 2003)

(a) At the time of each delivery of supplies or services under this contract, the Contractor shall prepare and furnish to the Government a material inspection and receiving report in the manner and to the extent required by Appendix F, Material Inspection and Receiving Report, of the Defense FAR Supplement.

(b) Contractor submission of the material inspection and receiving information required by Appendix F of the Defense FAR Supplement by using the Wide Area WorkFlow-Receipt and Acceptance (WAWF-RA) electronic form (see paragraph (b)(1) of the clause at 252.232-7003) fulfills the requirement for a material inspection and receiving report (DD Form 250).

(End of clause)

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	N/A	N/A	N/A	N/A

PERIOD - PLACE OF PRERFORMANCE

## F.1 PERIOD OF PERFORMANCE

Periods of Performance shall be detailed in individual Task Orders written under contracts awarded as a result of this solicitation.

Contracts awarded as a result of this solicitation will have varying effective dates starting on or between 20 Sept 05 and 1 Oct 05. No single Task Order shall exceed 12 months in duration. The contract length is five years from effective date.

## F.2 PLACE OF PERFORMANCE

Places of performance shall be detailed in individual Task Orders written under contracts awarded as a result of this solicitation.

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	N/A	N/A	N/A	N/A

## CLAUSES INCORPORATED BY REFERENCE

52.242-15	Stop-Work Order	AUG 1989
52.242-17	Government Delay Of Work	APR 1984
52.247-34	F.O.B. Destination	NOV 1991

## Section G - Contract Administration Data

CONTRACT ADMIN DATA

In order to expedite administration of this contract/order, delineation of duties is provided at Attachment AU, Contract Administration Plan, Enclosure 4, Contract Administration and Duties.

INVOICING INSTRUCTIONS

## INVOICING INSTRUCTIONS AND PAYMENT FOR SERVICES

Invoices for services rendered under this Contract shall be submitted electronically through Wide Area Work Flow – Receipt and Acceptance (WAWF):

The vendor shall self-register at the web site <https://wawf.eb.mil>. Vendor training is available on the Internet at <http://wawftraining.com>.

A separate invoice will be prepared for every pay period. Do not combine the payment claims for services provided under this contract.

Select the 2-in-1 Invoice within WAWF as the invoice type. The 2-in-1 Invoice prepares the Material Inspection and Receiving Report, DD Form 250, and invoice in one document.

Back up documentation (such as timesheets, etc.) can be included and attached to the invoice in WAWF.

Attachments created in any Microsoft Office product are attachable to the invoice in WAWF.

EXAMPLE: The following information regarding National Naval Medical Center, Bethesda, MD is provided as an example for completion of the invoice in WAWF:

Issuing Office DODAAC: N62645

Admin DODAAC: N62645

Acceptor DODAAC: N00168

LPO DODAAC: N00168

Pay DODAAC: N00168

The contractor shall submit invoices for payment per contract terms.

The Government shall process invoices for payment per contract terms.

For training materials, instructions for setting up WAWF, and step-by-step instructions for the (Invoice 2-in-1 Services Only) Invoice, please visit the following web site:

<http://www.acquisition.navy.mil/navyaos/content/view/full/99/>

For any other questions, please contact the WAWF helpdesk at 1-866-618-5988 or [cscassig@ogden.disa.mil](mailto:cscassig@ogden.disa.mil) or the WAWF Implementation Team at [wawf@nmlc.med.navy.mil](mailto:wawf@nmlc.med.navy.mil).

NOTE: WAWF INSTRUCTIONS SHALL BE INCLUDED IN INDIVIDUAL TASK ORDERS ISSUED UNDER CONTRACTS RESULTING FROM THIS SOLICITATION.

CLAUSES INCORPORATED BY FULL TEXT

252.242-7000 POSTAWARD CONFERENCE (DEC 1991)

The Contractor agrees to attend any postaward conference convened by the contracting activity or contract administration office in accordance with Federal Acquisition Regulation subpart 42.5.

(End of clause)

## Section H - Special Contract Requirements

### SPECIAL CONTRACT REQUIREMENTS

#### H.1 TASK ORDER CONTRACT.

The Government intends that this solicitation result in award of multiple indefinite delivery indefinite quantity (ID/IQ) contracts. Services will be procured via the award of Task Orders issued against the basic contract. There are two procedures to be followed for the submission of offers for award of Task Orders.

**Initial Task Orders.** The Government intends to award a minimum of one initial Task Order to each firm selected for contract award. Priced proposals for initial Task Orders must be submitted with each offeror's contract proposal and be responsive to the government requirements detailed in Section L of this solicitation. Initial Task Orders will order the contract minimum quantity of services required from each contract awardee. The quantity and type of services to be procured, as well as position specific duty descriptions for these initial Task Orders, are provided as attachments to this solicitation.

**Subsequent Task Orders.** The Government intends to order additional services, up to the stated contract maximum quantities, throughout the life of this contract. Special procedures and regulations apply to the award of subsequently awarded Task Orders. These procedures are provided in H.2 below.

#### H.2 TASK ORDER PROCEDURES (Subsequent Task Orders)

##### a. Fair Opportunity For Consideration

(1) One or more Task Orders may be issued during the performance period of this contract. The Government will provide all awardees a fair opportunity for consideration. Fair opportunity is not the same evaluation process used to make the initial award of the IDIQ contract. In accordance with FAR 16.505(b), the Contracting Officer will give each awardee a "fair opportunity" to be considered for each order in excess of \$2,500 unless one of the conditions in paragraph (2) below applies.

(2) Exceptions to Fair Opportunity for Consideration. Awardees will not be given a fair opportunity to be considered for Task Orders which are expected to exceed \$2,500 when the Contracting Officer determines one of the following conditions apply:

(a) The agency need for services is of such urgency that providing such an opportunity would result in unacceptable delays;

(b) Only one awardee is capable of providing the services required at the level of quality required because the services ordered are unique or highly specialized;

(c) The order should be issued on a sole-source basis in the interest of economy and efficiency as a logical follow-on to a Task Order already issued under this contract, provided that all awardees were given fair opportunity to be considered for the original order. For the purposes of this solicitation the contracting officer may negotiate a sole source logical follow-on Task Order with the current contractor providing previously competed services. In the event an increase in the amount of previously competed services is required by the Government, the Contracting Officer may negotiate a sole source logical follow-on Task Order with the current contractor provided the required additional services do not represent more than one full time equivalent position or 20% of the total competed labor hours for the affected labor category (categories), whichever is greater. When deciding whether to negotiate a sole source logical follow-on Task Order with the current contractor, consideration will be given to the contractor's past performance, continuity of healthcare worker services, and price.

(d) It is necessary to place an order to satisfy a minimum quantity.

(3) The Contracting Officer has broad discretion in determining which awardee should receive a Task Order. Each task order award decision will consider the first three (a-c) of the following six factors (a-f). Factor d (Quality of the health care worker(s)), factor e (Management Planning and Market Research), and factor f (Certificate of Availability) may be considered as described in the task order proposal request.

(a) The price of the Task Order. The factors to be considered in evaluating prices proposed are:

(1) Completeness. All price information required by the task order proposal request has been submitted and completed supplemental price worksheets.

(2) Reasonableness. The degree to which the proposed prices compare to the prices a reasonable prudent person would expect to incur for the same or similar services.

(3) Realism. The offeror's CLIN prices and the Supplemental Pricing Worksheets will be examined to identify unusually low price estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during task order performance.

(b) Timeliness of submission of Task Order proposal. Task Order proposals which are submitted late may not be considered for award.

(c) The past performance and management record of the awardee in previous task orders and task order proposals under this contract will be evaluated. Performance within the past 5 years on other contracts for the facilities covered by this contract will also be considered. This past performance evaluation will include a review of all aspects of contract performance, both positive and negative, including but not limited to performance enhancements or problems, management enhancements or problems, timeliness of proposal submission, reasonableness and realism of prices, continuity of health care workers, shift fill rates, and quality of health care workers provided.

(d) Quality of the health care worker(s) proposed under the task order. General ranking factors of health care workers are:

(1) The quality and characteristics of the proposed personnel mix in relationship to the labor mix requirements specified in the Task Order.

(2) Quality and quantity of education/training and experience as it relates to the duties in the Task Order. Prior experience in a military medical setting may enhance the candidate's ranking.

(3) Letters of Recommendation

(4) Additional certifications and licensure, as applicable.

(5) Total continuing education within the 3 years immediately preceding the task order.

(e) Management Planning and Market Research for accomplishment of the task order requirements.

(f) Certificate of Availability (See Attachment AW).

(4) When placing orders, the Contracting Officer is not required to prepare formal evaluation plans, score offers, post notice in the Commerce Business Daily or hold discussions or negotiations with each awardee. Even though the Contracting Officer does not have to comply with the competition rules in Part 6 of the Federal Acquisition Regulation and does not have to conduct discussions before issuing an order, there will be an internal record of why a particular offeror provided the best value based on the particular requirements of each Task Order.



(5) Issues arising from the placement of orders are not protestable to the General Accounting Office unless the protest alleges that the order exceeded the value, scope, or period of the contract.

b. Task Order Proposal Request, Proposal Submission, And Task Order Award

The process for requesting Task Order proposals, evaluating the proposals, selecting an awardee for each Task Order, issuing the Task Order, and the commencement of services under each Task Order is shown below.

(1) Task Order Proposal Request.

(a) The Contracting Officer will issue a written Task Order Proposal Request (TOPR) and will forward it to all awardees unless one of the exceptions to the fair opportunity for consideration listed above in H.2 a(2) applies.

(b) The (TOPR) will include as a minimum the following information:

- \* The due date for proposal submission (generally about 30 days following the date of the TOPR).
- \* A description of the services, including minimum qualification requirements and specific ranking factors.
- \* The place of performance.
- \* The period of performance including the quantity required.
- \* Any additional instructions for proposal submission not contained in this section.
- \* Any other information deemed appropriate by the Contracting Officer.

(2) Proposal Submission.

(a) If an awardee is unable to submit a proposal, they must notify the Contracting Officer in writing as soon as practicable. A brief written statement as to why the awardee is unable to submit a proposal is required. Failure to submit a Task Order proposal without sufficient justification may be considered as negative past performance information, which may jeopardize the award of future Task Orders.

(b) The contractor's Task Order proposal shall always be required to contain a price section and may be required to include a technical section. The price section shall include a completed Supplemental Pricing Worksheet (Section J, Attachment AT) for each proposed health care worker. The original and one copy of the price section shall be forwarded to the Naval Medical Logistics Command. Certified cost or pricing data is not required for individual Task Orders. Direct labor rates must be consistent with that currently being paid in the geographic location where services are to be performed. If required, the technical section shall include the personnel and past performance information required by the TOPR. The original technical section and one copy shall be forwarded to the Naval Medical Logistics Command.

(3) Task Order Award.

(a) Upon completion of the evaluation of the technical and price sections, the Contracting Officer will issue a Task Order to the contractor whose proposal is most advantageous to the Government considering the evaluation factors specified in H.2.a(3) above.

(b) In the event issues pertaining to a proposed Task Order cannot be resolved to the satisfaction of the Contracting Officer, the Contracting Officer reserves the right to withdraw or cancel the proposed Task Order. In such event, the contractor will be notified, via letter or email, of the Contracting Officer's decision and this decision shall be final and conclusive and shall not be subject to the "Disputes" clause or the "Contract Disputes Act".

(4) Commencement of Performance.

(a) Upon award, a Task Order will be transmitted to the contractor on a DD Form 1155. Approved health care workers will generally be required to begin performance no later than 30 days after execution of the Task Order by the Contracting Officer, unless otherwise mutually agreed or specified in the task order. If a health care worker who was proposed in response to the Task Order Proposal Request is not available to begin performance on the Task Order, the contractor must notify the Contracting Officer immediately.

(b) Failure to begin performance with the approved health care worker may result in termination of the Task Order and reconsideration of the other Task Order proposals received in response to the Task Order Proposal Request. The contractor may or may not be given the opportunity to propose a new health care worker. The Government reserves the right to terminate the contract for default if the contractor fails to begin performance.

### H.3 OMBUDSMAN

The ombudsman will review complaints from contractors regarding the award of Task Orders and ensure that all contractors are afforded a fair opportunity to be considered, consistent with the procedures in the contract. The Task Order contract ombudsman for this contract is the Navy Competition Advocate General. Contractors are encouraged to settle their complaints through the Competition Advocate chain of command, seeking review by the Command Competition Advocate at the Naval Medical Logistics Command before taking their complaints to the Navy Competition Advocate General. The Naval Medical Logistics Command's Competition Advocate can be reached at (301) 619-2158 or at the following address:

Naval Medical Logistics Command  
ATTN: Executive Officer  
1681 Nelson St.  
Fort Detrick, MD 21702-9203

### H.4 PRIOR WRITTEN PERMISSION REQUIRED FOR SUBCONTRACTS

None of the services required by this contract shall be subcontracted to or performed by persons other than the contractor or the contractor's employees without the prior written consent of the Contracting Officer.

### H.5 RESTRICTION ON THE USE OF NAVY-AFFILIATED PERSONNEL

Without the prior written approval of the Contracting Officer, the contractor shall not use, in the performance of this contract, any active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts.

### H.6 SUBSTITUTION OF PERSONNEL FOR HEALTHCARE WORKERS WHO ACCRUE LEAVE

(a) The contractor agrees to initiate performance of this Task Order using only the health care worker(s) whose professional qualifications have been determined technically acceptable by the Government as part of the source selection process.

(b) During Task Order performance, no personnel substitutions shall be made by the contractor without the express consent of the Contracting Officer or in accordance with a procedure specified by the Contracting Officer. All substitution requests will be processed in accordance with this clause.

(c) No personnel substitutions shall be permitted during the first 60 days of Task Order performance, unless they are necessitated by a health care worker's unexpected illness, injury, death or termination of employment. Should one of these events occur, the contractor shall promptly notify the Contracting Officer and provide the information required in paragraph (d) below. After the initial 60 day period, all substitution requests shall be submitted, in writing, at least 30 days prior to the planned change of personnel. All such requests must provide the information required by paragraph (d) below.

(d) All substitution requests must provide a detailed explanation of the circumstances necessitating the proposed replacement of personnel. The contractor shall also demonstrate that the substitute health care worker(s) possess professional qualifications that are equal to or higher than the qualifications in Section C.6. In addition, all substitution requests shall include a Certificate of Availability signed and dated by each proposed health care worker, and any other information identified by the Contracting Officer. The Contracting Officer will evaluate such requests and promptly notify the contractor of the approval or disapproval thereof.

#### H.7 CRIME CONTROL ACT OF 1990 REQUIREMENT

(a) Section 21 of the Crime Control Act of 1990, 42 U.S.C. 13041, as amended by section 1094 of Public Law 1-02-190, requires every facility operated by the Federal Government (or operated under contract with the Federal Government) that hires (or contracts to hire) individuals involved in the provision of child care services to assure that all existing and newly-hired employees undergo a criminal background check. The term "child care services" is defined to include health and mental health care.

(b) The Government will conduct criminal background checks on all healthcare workers providing child care services under this contract based on fingerprints obtained by a Government law enforcement office (e.g., local, state, federal, etc) and a completed SF 85P form (Questionnaire for Public Trust Positions). The Contractor shall submit the completed form and fingerprints directly to the Office of Personnel Management (OPM). The Contractor shall also certify in writing to the MTF that a background check has been submitted. The SF 85 P form is available from the following website: [http://www.opm.gov/forms/pdf\\_fill/SF85P.pdf](http://www.opm.gov/forms/pdf_fill/SF85P.pdf)

(c) Within 30 days after contract award, the contractor and all contractor employees shall provide all reasonable and necessary assistance to the Government, including compliance with the employment application requirements set forth in 42 U.S.C. 13041(d). Upon receipt of the results of a background check, the contractor further agrees to undertake a personnel action in accordance with 42 U.S.C. 13041(c), when appropriate.

(d) With written recommendation from the Commander, and the approval one level above the Contracting officer, a contractor employee may be permitted to perform work under this contract prior to the completion of a background check, provided the employee is within sight and continuous supervision of an individual with a successful background check.

(e) Contractor employees shall have the right to obtain a copy of any background check pertaining to themselves and to challenge the accuracy and completeness of the information contained in the report.

#### H.8 LIABILITY INSURANCE

Before commencing work under a contract, the contractor shall certify to the Contracting Officer in writing that the required insurance has been obtained. The following insurance as referenced in FAR 28.307, is the minimum insurance required:

(a) General liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence.

(b) Automobile liability - Automobile liability insurance written on the comprehensive form of policy. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing the contract. Policies covering automobiles operated in the United States shall provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage. The amount of liability coverage on other policies shall be commensurate with any legal requirements of the locality and sufficient to meet normal and customary claims.

(c) Workers' compensation and employer's liability - Contractors are required to comply with applicable Federal and State workers' compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except

when contract operations are so commingled with a contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 shall be required, except in States with exclusive or monopolistic funds that do not permit workers' compensation to be written by private carriers.

#### H.9. NON-COMPETE CLAUSES.

a. The use of non-compete agreements (including non-compete clauses within employment agreements) that are aimed at preventing the loss of Contract providers are acceptable only if the non-competition is limited to the current performance period specified in the contract/task order. The use of non-compete agreements or clauses that prevent employees of an incumbent Contractor from accepting future employment with either the Government or with another Contractor is not acceptable. Awardees (including sub-Contractors) may not include conditions in employment agreements that hinder the Government's ability to accomplish the current or future mission of providing health and medical care to beneficiaries.

b. The Government reserves the right to query each offeror or Contractor regarding the use and purpose of these clauses or agreements and to use this information in award or logical follow-on decisions. If such conditions are included in employment agreements, the Government further reserves the right to reject an offeror's proposal or to terminate existing contracts or task orders.

#### H.10. COMPENSATION

a. The total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate as specified in 10 U.S.C. 1091. Effective 21 January 2000, the maximum amount the government is allowed to pay for these personal services is \$400,000 per year for this contract.

## Section I - Contract Clauses

## CLAUSES INCORPORATED BY REFERENCE

52.202-1	Definitions	JUL 2004
52.203-3	Gratuities	APR 1984
52.203-5	Covenant Against Contingent Fees	APR 1984
52.203-6	Restrictions On Subcontractor Sales To The Government	JUL 1995
52.203-7	Anti-Kickback Procedures	JUL 1995
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity	JAN 1997
52.203-10	Price Or Fee Adjustment For Illegal Or Improper Activity	JAN 1997
52.203-12	Limitation On Payments To Influence Certain Federal Transactions	JUN 2003
52.204-4	Printed or Copied Double-Sided on Recycled Paper	AUG 2000
52.204-7	Central Contractor Registration	OCT 2003
52.209-6	Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment	JUL 1995
52.215-2	Audit and Records--Negotiation	JUN 1999
52.215-8	Order of Precedence--Uniform Contract Format	OCT 1997
52.217-8	Option To Extend Services	NOV 1999
52.219-6	Notice Of Total Small Business Set-Aside	JUN 2003
52.222-3	Convict Labor	JUN 2003
52.222-4	Contract Work Hours and Safety Standards Act - Overtime Compensation	SEP 2000
52.222-21	Prohibition Of Segregated Facilities	FEB 1999
52.222-26	Equal Opportunity	APR 2002
52.222-35	Equal Opportunity For Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans	DEC 2001
52.222-36	Affirmative Action For Workers With Disabilities	JUN 1998
52.222-37	Employment Reports On Special Disabled Veterans, Veterans Of The Vietnam Era, and Other Eligible Veterans	DEC 2001
52.222-39	Notification of Employee Rights Concerning Payment of Union Dues or Fees	DEC 2004
52.222-39	Notification of Employee Rights Concerning Payment of Union Dues or Fees	DEC 2004
52.222-41	Service Contract Act Of 1965, As Amended	MAY 1989
52.222-43	Fair Labor Standards Act And Service Contract Act - Price Adjustment (Multiple Year And Option)	MAY 1989
52.222-44	Fair Labor Standards And Service Contract Act - Price Adjustment	FEB 2002
52.223-5	Pollution Prevention and Right-to-Know Information	AUG 2003
52.223-6	Drug-Free Workplace	MAY 2001
52.223-14	Toxic Chemical Release Reporting	AUG 2003
52.224-1	Privacy Act Notification	APR 1984
52.224-2	Privacy Act	APR 1984
52.225-13	Restrictions on Certain Foreign Purchases	DEC 2003
52.227-1	Authorization and Consent	JUL 1995
52.228-5	Insurance - Work On A Government Installation	JAN 1997
52.229-3	Federal, State And Local Taxes	APR 2003
52.232-3	Payments under Personal Services Contracts	APR 1984
52.232-11	Extras	APR 1984

52.232-17	Interest	JUN 1996
52.232-18	Availability Of Funds	APR 1984
52.232-25	Prompt Payment	OCT 2003
52.232-33	Payment by Electronic Funds Transfer--Central Contractor Registration	OCT 2003
52.233-1	Disputes	JUL 2002
52.233-1 Alt I	Disputes (Jul 2002) - Alternate I	DEC 1991
52.233-3	Protest After Award	AUG 1996
52.237-2	Protection Of Government Buildings, Equipment, And Vegetation	APR 1984
52.237-3	Continuity Of Services	JAN 1991
52.242-13	Bankruptcy	JUL 1995
52.244-6	Subcontracts for Commercial Items	JUL 2004
52.245-2 Alt I	Government Property (Fixed-Price Contracts) (May 2004) - Alternate I	APR 1984
52.246-25	Limitation Of Liability--Services	FEB 1997
52.249-8	Default (Fixed-Price Supply & Service)	APR 1984
52.249-12	Termination (Personal Services)	APR 1984
52.253-1	Computer Generated Forms	JAN 1991
252.203-7001	Prohibition On Persons Convicted of Fraud or Other Defense-Contract-Related Felonies	MAR 1999
252.203-7002	Display Of DOD Hotline Poster	DEC 1991
252.204-7002	Payment For Subline Items Not Separately Priced	DEC 1991
252.204-7003	Control Of Government Personnel Work Product	APR 1992
252.204-7004 Alt A	Required Central Contractor Registration Alternate A	NOV 2003
252.205-7000	Provision Of Information To Cooperative Agreement Holders	DEC 1991
252.209-7004	Subcontracting With Firms That Are Owned or Controlled By The Government of a Terrorist Country	MAR 1998
252.223-7004	Drug Free Work Force	SEP 1988
252.223-7006	Prohibition On Storage And Disposal Of Toxic And Hazardous Materials	APR 1993
252.225-7004	Reporting of Contract Performance Outside the United States	APR 2003
252.225-7012	Preference For Certain Domestic Commodities	JUN 2004
252.243-7001	Pricing Of Contract Modifications	DEC 1991
252.243-7002	Requests for Equitable Adjustment	MAR 1998
252.247-7023	Transportation of Supplies by Sea	MAY 2002

#### CLAUSES INCORPORATED BY FULL TEXT

##### 52.216-18 ORDERING. (OCT 1995)

- (a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from the date of contract award through a date to be determined, but not exceeding 60 months beginning with the initial start of contract services, or until all maximum quantities have been ordered, whichever occurs first.
- (b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.
- (c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized

in the Schedule.

(End of clause)

52.216-19 ORDER LIMITATIONS. (OCT 1995)

(a) Minimum order. When the Government requires supplies or services covered by this contract in an amount of less than **\$1,000.00**, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) Maximum order. The Contractor is not obligated to honor:

(1) Any order for a single item in excess of 100,000 hours;

(2) Any order for a combination of items in excess of the maximum total requirement of this contract; or

(3) A series of orders from the same ordering office within 14 days that together call for quantities exceeding the limitation in subparagraph (1) or (2) above.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) above.

(d) Notwithstanding paragraphs (b) and (c) above, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 30 days after issuance, with written notice stating the Contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of clause)

52.216-22 INDEFINITE QUANTITY. (OCT 1995)

(a) This is an indefinite-quantity contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies and services specified in the Schedule are estimates only and are not purchased by this contract.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. The Contractor shall furnish to the Government, when and if ordered, the supplies or services specified in the Schedule up to and including the quantity designated in the Schedule as the "maximum". The Government shall order at least the quantity of supplies or services designated in the Schedule as the "minimum".

(c) Except for any limitations on quantities in the Order Limitations clause or in the Schedule, there is no limit on the number of orders that may be issued. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(d) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; provided, that the Contractor shall not be required to make any deliveries under this contract after 19 September 2010.

(End of clause)

#### 52.219-14 LIMITATIONS ON SUBCONTRACTING (DEC 1996)

- (a) This clause does not apply to the unrestricted portion of a partial set-aside.
- (b) By submission of an offer and execution of a contract, the Offeror/Contractor agrees that in performance of the contract in the case of a contract for--
  - (1) Services (except construction). At least 50 percent of the cost of contract performance incurred for personnel shall be expended for employees of the concern.
  - (2) Supplies (other than procurement from a nonmanufacturer of such supplies). The concern shall perform work for at least 50 percent of the cost of manufacturing the supplies, not including the cost of materials.
  - (3) General construction. The concern will perform at least 15 percent of the cost of the contract, not including the cost of materials, with its own employees.
  - (4) Construction by special trade contractors. The concern will perform at least 25 percent of the cost of the contract, not including the cost of materials, with its own employees.

#### 52.222-42 STATEMENT OF EQUIVALENT RATES FOR FEDERAL HIRES (MAY 1989)

In compliance with the Service Contract Act of 1965, as amended, and the regulations of the Secretary of Labor (29 CFR Part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332.

THIS STATEMENT IS FOR INFORMATION ONLY: IT IS NOT A WAGE DETERMINATION  
Employee Class Monetary Wage-Fringe Benefits

Wage Determinations may be found in Attachments BA through BH.

(End of clause)

#### 52.232-8 DISCOUNTS FOR PROMPT PAYMENT (FEB 2002)

- (a) Discounts for prompt payment will not be considered in the evaluation of offers. However, any offered discount will form a part of the award, and will be taken if payment is made within the discount period indicated in the offer by the offeror. As an alternative to offering a discount for prompt payment in conjunction with the offer, offerors awarded contracts may include discounts for prompt payment on individual invoices.
- (b) In connection with any discount offered for prompt payment, time shall be computed from the date of the invoice. If the Contractor has not placed a date on the invoice, the due date shall be calculated from the date the designated billing office receives a proper invoice, provided the agency annotates such invoice with the date of receipt at the time of receipt. For the purpose of computing the discount earned, payment shall be considered to have been made on the date that appears on the payment check or, for an electronic funds transfer, the specified payment date. When the discount date falls on a Saturday, Sunday, or legal holiday when Federal Government



offices are closed and Government business is not expected to be conducted, payment may be made on the following business day.

(End of clause)

52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es): <http://farsite.hill.af.mil>

(End of clause)

## Section J - List of Documents, Exhibits and Other Attachments

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Attachment AB	Radiology Department, Ultrasound Tech, NH Great Lakes, IL	Lot 1
Attachment AC	Pharmacist, NMC Quantico, VA	Lot 2
Attachment AD	RN Case Manager and Clinical Social Worker, NMC Quantico, VA	Lot 2
Attachment AE	RN Case Manager and Clinical Social Worker, NMC Annapolis, MD	Lot 3
Attachment AF	RN Case Manager and Clinical Social Worker, NMC Patuxent River, MD	Lot 4
Attachment AG	Obstetrics Registered Nurse Case Manager, NMC Patuxent River, MD	Lot 4
Attachment AH	RN Case Manager and Clinical Social Worker, NNMC Bethesda, MD	Lot 5
Attachment AI	Licensed Clinical Social Worker, NNMC Bethesda, MD	Lot 5
Attachment AJ	RN Case Manager, Radiology Dept, NNMC Bethesda, MD	Lot 5
Attachment AK	Neonatal Intensive Care Unit Registered Nurses, NNMC Bethesda, MD	Lot 5
Attachment AL	Pharmacists, NNMC Bethesda, MD	Lot 5
Attachment AM	Mammography Technologists, NNMC Bethesda, MD	Lot 6
Attachment AN	Computed Tomography Technologist and Radiologic Technologist, NNMC Bethesda, MD	Lot 6
Attachment AO	Magnetic Resonance Imaging Technologist, NNMC Bethesda, MD	Lot 6
Attachment AP	Respiratory Therapists, NNMC Bethesda, MD	Lot 6
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Attachment AS	LISTS OF ACCEPTABLE DOCUMENTS to establish U.S. Employment Eligibility	
Attachment AT	Supplemental Pricing Worksheet	
Attachment AU	Contract Administration Plan with Enclosures	
Attachment AV	Letter of Identification – Travel (EXAMPLE)	
Attachment AW	HEALTH CARE WORKER CERTIFICATE OF AVAILABILITY	
Attachment AX	Offeror's Management Plan (Reserved)	
Attachment AY	Notional Task Order (NTO)	
Attachment AZ	Current Task Order Prices for MATO Contract Task Orders	
Attachment BA	Wage Determination – Groton CT	
Attachment BB	Wage Determination – Great Lakes IL	
Attachment BC	Wage Determination – Annapolis MD	
Attachment BD	Wage Determination – Bethesda MD	
Attachment BE	Wage Determination – Pax River MD	
Attachment BF	Wage Determination – Newport RI	
Attachment BG	Wage Determination – Quantico VA	
Attachment BH	Wage Determination – Wash D.C	



Attachment AA  
Breast Care Coordinator Registered Nurse  
NAVHOSP Great Lakes, IL  
See Section B, Lot 1

**1. Site of Service.** The contractor shall provide personnel for service in the Breast Care Center at Naval Hospital, Great Lakes, IL.

**Labor categories.** The contractor shall provide personnel from the following labor categories:

Breast Care Coordinator (BCC) Registered Nurse (RN)

**3. Qualifications.** The Breast Care Coordinator (BCC) Registered Nurse (RN) shall meet the minimum requirements given in Section C of the basic contract and the additional qualifications given below.

- a. Possess a Baccalaureate Degree in the Science of Nursing from an accredited college or university.
- b. Possess experience of at least 12 months within the preceding 24 months in coordinating care, providing case management services for beneficiaries with breast abnormalities or diagnosed cancer, and educate breast cancer patients as a Registered Nurse. Health Promotion or patient/family education experience and computer literacy is desired. Development of briefings and proficient presentation skills are required.
- c. Possess experience in patient teaching/training skill, both individually and in groups. This experience should be addressed in letters of recommendation.

**4. Staffing and scheduling.**

- a. The contractor shall provide one full-time Breast Care Coordinator (BCC) RN. To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.
- b. The active duty Navy Department Head will supervise the BCC RN.
- c. The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.
- d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.
- e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).
- f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.
- g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** In lieu of the duties given in Section C.10.92 of the basic contract, the BCC RN shall perform the following:

- a. Implement the Department of Defense (DoD) Health Affairs Breast Cancer initiative, and perform a full range of established nursing concepts, principles and practices to perform professional assignments of moderate

difficulty. Skill required to develop Plans of Care to meet the individual needs for patients with consideration of physical, emotional, social and cultural factors.

b. Develop and monitor programs, including administrative duties such as tracking education and counseling of medical staff and beneficiaries, maintaining database management functions, population monitoring functions, statistical analysis, epidemiological follow-up and presenting proposals, assessing program improvements, coordinating activities to assure optimum program effectiveness, and results to professional staff. Data will be collected to assure quality care and intervention. All of these items /functions will be entered into and tracked in a database weekly at minimum and provided to the Department Head.

c. Oversee breast cancer initiative, coordinating policies and programs with major commands and the TRICARE Regional Office North Region. Required to consult with other specialty practitioners.

d. Coordinate care of military beneficiaries with professional healthcare staff. Actively participates in the care and management of the patient during the entire episode of care in treating cancer.

e. Coordinate MTF and regional tracking and assessment programs.

f. Track education and counseling weekly, enter updated information into data base, assess program improvements and coordinate activities to assure optimum program effectiveness.

g. Collect data to assure quality care and intervention.

h. Conduct local military and community awareness programs to include marketing and presentations at public and professional meetings. Awareness programs may include health fairs, military GMTs, provider orientation to BSE and awareness month activities.

i. Participate in wellness activities supported by the MTF, such as, presenting lectures/classes, displays, attending related meetings and any other duties as applicable.

j. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, students, etc.) assigned to the HCW during the performance of duties.

k. Perform administrative duties, which include maintaining workload statistical records in CHCS and in a database, participate in education programs, and participating in clinical staff quality assurance functions and process action teams, as prescribed by the Commanding Officer.

l. Participate in monthly meetings applicable to duties.

m. Participate in periodic meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

n. Participate in the provision of monthly inservice training to non-Healthcare-practitioner members of the clinical and administrative staff on subjects germane to nursing care and attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, safety training, disaster training, infection control, sexual harassment and bloodborne pathogens.

o. Provide verbal updates to clinic/office managers as to progress and/or issues/problems

p. Help maintain good interdepartmental relations through positive communication and work coordination, and participation in Departmental meetings. Maintain liaison with the Department Head, and Director, Surgical Services, per command policies and JCAHO standards. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four hours and up to a maximum of 40 hours.

- q. Establish a TRICARE on Line (TOL) account and be trained to use the Enterprise Wide Referral and Authorization System (EWRAS) in the performance of duties or new systems used by the MTF to perform duties.
- r. Attend limited continuing education activity, as approved by Department Head of General Surgery.
- s. Attend Command orientation classes on safety, CHCS/ADS, customer service, infection control, and other training mandated by DoD, JCAHO, and the MTF.

Attachment AB  
Radiology Department, Ultrasound Tech  
NAVHOSP Great Lakes, IL  
See Section B, Lot 1

**1. Site of Service.** The contractor shall provide personnel for service in the Radiology Department at the Naval Hospital, Great Lakes, IL.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Ultrasound Technician

**3. Qualifications.** The healthcare worker (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. Services shall primarily consist of on-call after hours duty in the Radiology Department. Services provided shall include a call-back service on an average of 1 time per week. Hours are as follows:

Weekdays (excluding federal holidays): (1500 until 0700 the following morning)

Weekends/Holidays (24 hour service)

b. No Navy ultrasound technologists are available to share on-call duties with the contractor ultrasound technologists. The on-call ultrasound technologist shall carry a contractor provided pager and arrive at the hospital within 30 minutes of receiving a call back request. Call backs occur on an average of 1 time per day and normally do not last longer than 1 hour.

c. Without the prospective approval of the Contracting Officer, no more than ten individuals will be approved to provide services for each work year identified by the Government.

d. There are no provisions for leave (annual or sick) for contract employees in this contract.

**5. Duties.**

a. Receive patients and explain procedures, providing humane and appropriate care and communication to alleviate fear of examination. Correctly position the patient for the examination and make adjustments necessary for the required examination. Determine if any special patient preparation is required.

b. Operate facility provided ultrasound scanners. Operate the linear, sector, and endovaginal probes as well as pulse and color Doppler capabilities of provided scanners.

c. Receive and interpret requests or instructions for diagnostic ultrasound scans; perform daily warm up and assigned quality control checks of the ultrasound scanners.

d. Perform a full range of diagnostic ultrasonic examinations including but not limited to: vascular Doppler imaging, fetal echo; placental Doppler studies; obstetrical sonography, including imaging of all fetal anatomy in order to obtain accurate dating and growth parameters and evaluate for fetal abnormalities and problems with the pregnancy; pelvic and abdominal sonography, including imaging of all pelvic and abdominal anatomy to attain

accurate assessment of suspected pathology; and endovaginal sonography exams to obtain accurate assessment of suspected pelvic pathology.

- e. Identify abnormalities during testing and determine need for additional scans of affected area.
- f. Recognize anatomic variants and determine which other area(s) of the body should be scanned.
- g. Use a detailed understanding of diseases of anatomy to accomplish effective ultrasound scanning.
- h. Advise the physician of results of the examination and provide them with a preliminary diagnosis.
- i. Notify physician of significant scans requiring immediate attention.
- j. Maintain and clean ultrasound equipment on a regular basis in accordance with Radiology department standards. Stock and maintain an adequate level of supplies required to ultrasound examinations. Recommend necessary monthly repairs when diagnostic quality is degraded.
- k. Make minor adjustments on equipment. Differentiate artifacts from normal or pathological processes and recognize electronic equipment limitations. Program the examination equipment, set up the machine and scanning techniques to be employed.
- l. Review new developments in the field by reading journals and recommend to supervisor those changes which would improve the operation of the ultrasound section. Perform other related duties as assigned.
- m. Recognize the need for and institute the necessary emergency measures for situations where a person requires resuscitation procedures due to cardiac or respiratory arrest.



Attachment AC  
Pharmacist  
NMC Quantico, VA  
See Section B, Lot 2

**1. Site of Service.** The contractor shall provide personnel for service in the Pharmacy at the Naval Medical Clinic, Quantico, VA.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Pharmacist

**3. Qualifications.** The healthcare worker (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide one individual full-time Pharmacist. To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

b. The active duty Navy Department Head or Senior Medical Officer will supervise the HCW.

c. The Pharmacy operates from 0715 to 2000 hours Monday through Friday, and 0730 – 1200 on Saturday and Sunday. The contractor Pharmacist shall supplement the active duty Navy healthcare staff assigned to the Pharmacy. The HCW will be scheduled by the Government to work any time during clinic operating hours; however, the HCW will not be normally expected to provide services during evenings, weekends or holidays. Services will be required for an 8.5 period to include an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

d. The HCW will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCW shall perform all applicable duties given in Section C of the basic contract with the following exceptions:

a. C.10.72.3: Counsel patients regarding appropriate use of medications and how to recognize drug induced side-effects caused by such medication.

b. C.10.72.5: Ensure prescription directions for use, dose, frequency, amount, provider specialty, medication interactions, therapeutic duplications or overlaps, allergy information, age specific dosage, and other pertinent data

are appropriate for individual patients. Intervention with providers shall be made for noted discrepancy of above listed items.

c. C.10.72.7: Ensure accuracy of all pharmaceutical products prepared or processed by technical staff. Incumbent may occasionally be requested to inspect clinics periodically to minimize overstocking, to assure proper rotation of stock, and to check for evidence of deterioration or expiration of drugs.

d. C.10.72.8: Delete entirely and replace with: Perform clinical activities such as patient specific management of various disease states and medication utilization reviews. These activities require independent decision making for therapeutic adjustments and/or recommendations to providers.

e. C.10.72.10: Provide medication and healthcare related in-service training to clinical staff on new medications on the market; appropriated use of medications; comparison of current medication therapies; and other topics as deemed appropriate in either oral or written form as deemed needed by staff. Correctly interprets doctor's orders and prescriptions for medicinals and verifies that pertinent information has been entered into computer patient profile.

f. C.10.72.15: Document and forward significant medication interactions and adverse drug reactions through appropriate channels.

g. Add C.10.72.17: Assist in the management of patients with chronic diseases in cooperation with the medical staff. Participates in formal patient education and counseling programs when requested by nursing staff in clinics.

Attachment AD  
 RN Case Manager and Clinical Social Worker  
 NMC Quantico, VA  
 See Section B, Lot 2

**1. Site of Service.** The contractor shall provide personnel for service in the Managed Care Department at Naval Medical Clinic, Quantico, VA.

**Labor categories.** The contractor shall provide personnel from the following labor categories:

Registered Nurse (RN) (Lead Case Manager)  
 Clinical Social Worker (Case Manager)

**Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract with the following exceptions:

a. For the RN Case Manager. In lieu of C.8.92.3 and subparagraphs:

C.8.92.3 Possess at least one of the qualifications given in C.8.92.3.1 through C.8.92.3.3:

C.8.92.3.1 Possess current certification in a minimum of one of the following:

- (a) Certified Case Manager (CCM) issued by the Commission for Case Manager Certification
- (b) Certified Disability Management Specialist (CDMS) issued by the Certification of Disability Management Specialists Commission
- (c) Certified Rehabilitation Registered Nurse (CRRN) issued by the Association of Rehabilitation Nurses
- (d) Certified Occupational Health Nurse (COHN) issued by the American Board for Occupational Health Nurses
- (e) Advanced Certification in Continuity of Care (ACCC) issued by the National Board for Certification in Continuity of Care
- (f) Certified Rehabilitation Counselor (CRC) issued by the Commission on Rehabilitation Counselor Certification
- (g) Nurse Case Manager (RN-NCM) issued by the American Nurses Credentialing Center
- (h) Care Manager Certified (CMC) issued by the National Academy of Certified Care Managers

- OR -

C.8.92.3.2 Possess a minimum of 24 months of case management experience in a hospital or ambulatory primary care setting within the preceding 36 months and obtain one of the certifications in C.8.92.3.1 within 24 months of commencing service under this contract.

- OR -

C.8.92.3.3 Possess a Masters degree in Nurse Case Management AND a minimum of 12 months experience managing and overseeing a case management program and obtain one of the certifications in C.8.92.3.1 within 24 months of commencing service under this contract.

b. For the Clinical Social Worker. In lieu of C.8.18.3: Certified as Certified Advanced Social Work Case Manager (C-ASWCM) by the National Association of Social Workers OR possess a minimum of 3 years experience within the preceding 5 years as a social work case manager in an inpatient or ambulatory, hospital-based setting performing medical crisis counseling, discharge planning, and/or working with Pediatric, Adolescent and adult patients.

c. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.****a. RN Lead Case Manager**

(1) The contractor shall provide one full-time RN Lead Case Manager. To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

(2) The Head, Managed Care Division will supervise the HCW.

(3) The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

(4) The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

(5) The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

(6) The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

(7) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**b. Clinical Social Worker (Case Manager)**

(1) The contractor shall provide one full-time Clinical Social Worker (Case Manager). To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

(2) The Head, Managed Care Division will supervise the HCW.

(3) The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period

(4) The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

(5) The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

(6) The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

(7) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.**

a. The RN Case Manager shall perform the duties given in Section C of the basic contract.

b. The Clinical Social Worker shall perform the duties given in Section C of the basic contract and the exception below.

(1) In lieu of C.10.17.10: Consult with Naval Hospital Command and administration to supply information and feedback regarding procedures and services provided by the Psychology Division, Social Worker Department or Behavioral Health Care Division.

Attachment AE  
 RN Case Manager and Clinical Social Worker  
 NMC Annapolis, MD  
 See Section B, Lot 3

**1. Site of Service.** The contractor shall provide personnel for service in the Managed Care Department at Naval Medical Clinic, Annapolis, MD.

**Labor categories.** The contractor shall provide personnel from the following labor categories:

Registered Nurse (RN) (Lead Case Manager)  
 Clinical Social Worker (Case Manager)

**Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

#### **4. Staffing and scheduling.**

##### **a. RN Lead Case Manager**

(1) The contractor shall provide one full-time RN Lead Case Manager. To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

(2) The Head, Managed Care Division will supervise the HCW.

(3) The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1630. The shift includes an uncompensated 30 minute or 1 hour meal break and HCW shall not work more than 80 hours in a two week period. At the mutual agreement of the HCW and the government, alternative schedules may be implemented, such as a compressed work schedule.

(4) The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

(5) The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

(6) The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

(7) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

##### **b. Clinical Social Worker (Case Manager)**

(1) The contractor shall provide one full-time Clinical Social Worker (Case Manager). To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

(2) The Head, Managed Care Division will supervise the HCW.

(3) The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute or 1 hour meal break and HCW shall not work more than 80 hours in a two week period. At the mutual agreement of the HCW and the government, alternative schedules may be implemented, such as a compressed work schedule.

(4) The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

(5) The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

(6) The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

(7) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

## **5. Duties.**

a. The RN Case Manager shall perform the duties given in Section C of the basic contract.

b. The Clinical Social Worker shall perform the duties given in Section C of the basic contract with the following exception:

(1) In lieu of C.10.17.10: Consult with Naval Medical Clinic Command and administration to supply information and feedback regarding procedures and services provided by other departments within the clinic.

Attachment AF  
RN Case Manager and Clinical Social Worker  
NMC Patuxent River, MD  
See Section B, Lot 4

**1. Site of Service.** The contractor shall provide personnel for service in the Managed Care Department at Naval Medical Clinic, Patuxent River, MD.

**Labor categories.** The contractor shall provide personnel from the following labor categories:

Registered Nurse (RN) (Lead Case Manager)  
Clinical Social Worker (Case Manager)

**3. Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. RN Lead Case Manager

(1) The contractor shall provide one full-time RN Lead Case Manager. To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

(2) The Head, Managed Care Division will supervise the HCW.

(3) The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute or 1 hour meal break and HCW shall not work more than 80 hours in a two week period.

(4) The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

(5) The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

(6) The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

(7) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

b. Clinical Social Worker (Case Manager)

(1) The contractor shall provide one full-time Clinical Social Worker (Case Manager). To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

(2) The Head, Managed Care Division will supervise the HCW.



(3) The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute or 1 hour meal break and HCW shall not work more than 80 hours in a two week period

(4) The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

(5) The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

(6) The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

(7) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

## **5. Duties.**

a. The RN Case Manager shall perform the duties given in Section C of the basic contract.

b. The Clinical Social Worker shall perform the duties given in Section C of the basic contract with the following exception:

(1) In lieu of C.10.17.10: Consult with Naval Hospital Command and administration to supply information and feedback regarding procedures and services provided by the Psychology Division, Social Worker Department or Behavioral Health Care Division.

Attachment AG  
Obstetrics Registered Nurse Case Manager  
NMC Patuxent River, MD  
See Section B, Lot 4

**1. Site of Service.** The contractor shall provide personnel for service in the Managed Care Department at Naval Medical Center, Patuxent River, MD.

**Labor categories.** The contractor shall provide personnel from the following labor categories:

Obstetrics (OB) Registered Nurse (RN) Case Manager

**Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide one full-time OB RN Case Manager. To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

b. The Head, Managed Care Division will supervise the HCW.

c. The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**3. Qualifications.** The healthcare worker (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract.

**4. Staffing and scheduling.**

a. The contractor shall provide one full-time OB RN Case Manager. To maintain continuity of services, the OB RN Case Manager MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

b. The Head, Managed Care Division will supervise the HCW.

c. The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCWs shall perform all applicable duties given in Section C of the basic contract with the following exception:

a. C.10.92.2: Serve as consultant to all disciplines regarding OB CM issues. Provide nursing expertise about the OB CM process, including assessment, planning, implementation, coordination, and monitoring. Identify opportunities for CM and identify and integrate local CM processes.

b. C.10.92.4: Develop and implement tools to support OB case management, such as those used for patient identification and patient assessment, clinical practice guidelines, algorithms, CM software, databases for community resources, etc.

c. C.10.92.5: Integrate OB CM with nursing case management and social work case management. Prepare routine reports and conduct analyses

d. C.10.92.8: Ensure accurate collection and input of patient care data and ensure basic OB CM budgetary management.

Attachment AH  
RN Case Manager and Clinical Social Worker  
NNMC Bethesda, MD  
See Section B, Lot 5

**1. Site of Service.** The contractor shall provide personnel for service in the Managed Care Department at National Naval Medical Center, Bethesda, MD.

**Labor categories.** The contractor shall provide personnel from the following labor categories:

Registered Nurse (RN) (Lead Case Manager)  
Clinical Social Worker (Case Manager)

**Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

#### **4. Staffing and scheduling.**

##### **a. RN Lead Case Manager**

(1) The contractor shall provide one full-time RN Lead Case Manager. To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

(2) The Head, Managed Care Division will supervise the HCW.

(3) The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

(4) The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

(5) The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

(6) The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

(7) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

##### **b. Clinical Social Worker (Case Manager)**

(1) The contractor shall provide one full-time Clinical Social Worker (Case Manager). To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for the required position.

(2) The Head, Managed Care Division will supervise the HCW.

(3) The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period

(4) The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

(5) The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

(6) The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

(7) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

## **5. Duties.**

a. The RN Case Manager shall perform the duties given in Section C of the basic contract.

b. The Clinical Social Worker shall perform the duties given in Section C of the basic contract and the exception below.

(1) In lieu of C.10.17.10: Consult with Naval Hospital Command and administration to supply information and feedback regarding procedures and services provided by the Psychology Division, Social Worker Department or Behavioral Health Care Division.

Attachment AI  
Licensed Clinical Social Worker  
NNMC Bethesda, MD  
See Section B, Lot 5

**1. Site of Service.** The contractor shall provide personnel for service in the 7 West Behavioral Healthcare Clinic at the National Naval Medical Center, Bethesda, MD.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Licensed Clinical Social Worker

**3. Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract and the one exception given below.

a. In lieu of C.8.17.2: A minimum of 3 years experience within the preceding 5 years as a certified social worker working with children and adolescents as well as the flexibility to work with adults and families in a variety of settings (inpatient, outpatient, and partial hospitalization programs).

b. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide two individual full-time licensed clinical social worker. To maintain continuity of services, each HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for each required position.

b. The Head or Division Officer will supervise the HCW.

c. The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCWs shall perform all applicable duties given in Section C of the basic contract and the following additional duties:

a. Maximum flexibility to adapt to meet ever-changing behavioral health needs of the beneficiary populations.

b. Willingness to work where needed.

Attachment AJ  
RN Case Manager  
NNMC Bethesda, MD  
See Section B, Lot 5

**1. Site of Service.** The contractor shall provide personnel for service in the Mammography Division at the National Naval Medical Center, Bethesda, MD.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Registered Nurse (RN) Case Manager

**3. Qualifications.** The healthcare worker (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide one individual full-time RN Case Manager.. To maintain continuity of services, the HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for each required position.

b. The Head, Mammography Division will supervise the HCW.

c. The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 or 9 hours between the hours of 0730 and 1600. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCW shall perform all applicable duties given in Section C of the basic contract and the following additional duties:

a. Maximum flexibility to adapt to meet ever-changing behavioral health needs of the beneficiary populations.

b. Willingness to work where needed.

Attachment AK  
 Neonatal Intensive Care Unit Registered Nurses  
 NNMC Bethesda, MD  
 See Section B, Lot 5

**1. Site of Service.** The contractor shall provide personnel for services in the Neonatal Intensive Care Unit (NICU) at the National Naval Medical Center, Bethesda, MD.

**2. Labor categories.** The contractor shall provide 2 full time Neonatal Intensive Care Unit (NICU) Registered Nurses (RNs).

**3. Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualifications are required:

a. Possess and maintain Neonatal Intravenous (IV) certification and current certification and skill as level IV Nurse.

b. Possess and maintain certification in Advanced Cardiac Life Support (ACLS) and Neonatal Resuscitation Program (NRP).

c. Successfully complete the unit specific competency skills checklist within 60 days of the first shift.

d. Verifiable experience with neonates requiring ventilatory support, umbilical catheters, etc.

e. Competency in Neonatal specific intravenous push (IVP).

f. Verifiable experience in caring for Neonatal patients with central lines, receiving chemotherapy.

g. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

#### **4. Staffing and scheduling**

a. The National Naval Medical Center, Bethesda provides Registered Nurse services 24 hours a day, 365 days per year (366 days during leap years), including holidays. Shift times consist of twelve (12) hours shifts (0645-1930) and (1845-0730) to include an uncompensated forty five (45) minute meal break.

b. The Contractor shall provide coverage by two individual full-time NICU RNs for two (2) 12 hour day shifts and two (2) 12 hour night shift seven (7) days a week, Sunday – Saturday. The contractor shall submit schedules for all personnel to the COR four weeks in advance in accordance with MTF scheduling policies. Any changes to the shift schedule shall be submitted to the COR 72 hours in advance of the shift being changed. See subparagraph d. below for Government adjustments to staffing. The contractor shall provide NICU RNs in accordance with the following schedule:

SHIFT	HOURS	SUN	MON	TUE	WED	THU	FRI	SAT
Day	0645-1930	2	2	2	2	2	2	2
Night	1845-0730	2	2	2	2	2	2	2

c. The contractor is responsible for the leave benefit for these personnel, for approving leave for those personnel, and for providing any holiday benefit. These personnel will not accrue leave under this task order; individuals on leave, holiday status, or otherwise absent will be subject to replacement coverage by the contractor in accordance with paragraphs C.3. and C.3.2 (and its subparagraphs) of the basic contract. The contractor shall maintain



sufficient back-up personnel to ensure coverage of the schedule during periods of both scheduled and unscheduled absences.

d. Adjustments to Staffing

(1) Additional health care workers may be required on an emergency basis due to mobilization requirements, natural disasters, or in the event of an unforeseen emergency any time during the day or night, including holidays. The contractor shall provide additional health care workers as needed with a Change Order issued by the Contracting Officer. The determination of circumstances which constitute an emergency are the responsibility and prerogative of the NNMCC Commanding Officer, or the designated command representative. The Government will provide the contractor with eight (8) hours notice if additional health care workers may be required on an emergency basis.

(2) The contractor SHALL NOT make any change to the required scheduled shifts unless the change is requested by the Contracting Officer or the COR, the Chief of Nursing Staff or their authorized representative.

(3) The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only RNs who indicate interest in a long-term commitment under this contract. The Government will credential not more than 8 RNs to provide services on a regularly scheduled basis and not more than 6 RNs to provide services when the regularly scheduled RNs cannot fill their shift. The contractor shall make every effort to schedule the RNs on a consistently regular basis (e.g., same day(s) of the week, same shift).

e. First line supervision is by the unit charge nurse or his/her relief as appropriate. Middle Management is by the Division Officer/Department Head or his/her relief and executive management is by the Director, Women's, Children's and Community Health or his/her relief.

**5. Duties.** The HCW shall perform all applicable duties given in Section C of the basic contract and the following additional duties:

- a. Implement care in a knowledgeable, skillful, consistent, and continuous manner.
- b. Establish priorities of patient care based on essential patient needs and available unit resources including time, personnel, equipment, and supplies.
- c. Evaluate effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- d. Demonstrate competency in medication and intravenous (IV) administration to include blood products and Total Parental Nutrition (TPN).
- e. Perform documentation duties on unit and in patient record which are timely, accurate, and concise.
- f. Demonstrate sound knowledge base and actions in the care and decision making for designated patient populations.
- g. Participate actively in staff development for unit and Directorate personnel.
- h. Demonstrate self-directed learning and participation in continuing education to meet own professional growth.
- i. Seek validation of performance, skill level, and decision making as necessary and assertively seeks guidance in areas of question.

- j. Demonstrate awareness of unit and nursing staff goals.
- k. Demonstrate effective and professional communication methods and skills using lines of authority appropriately.
- l. Formulate and use effective working relationships with all health care team members, patients, and significant others.
- m. Practice effective problem identification and resolution skills as a method of sound decision making.
- n. Once oriented, act as the charge nurse or relief charge nurse or team leader when directed by the Chief of Nursing Staff or his/her designated representative. Contractor nurses will only be required to perform the functions of the charge nurse in the absence of both the military and civil service charge nurses.
- o. Review and make appropriate notation on the chart of a patient per unit specific requirements.
- p. Once provided with "hands-on" experience, proficiently use the computerized systems and software applications commonly used in the assigned area, such as, but limited to, CHCS, PCSS and CIS.
- q. Provide care to normal and high-risk newborn patients (the MTF has approximately 80% high risk population, e.g. PIH, diabetes, pre-term labor, multiple gestations). Recognizes changes in or newborn infant condition that would constitute an emergency situation and responds appropriately.
- s. Operate and monitor the performance of essential equipment used in the care of stable newborns, e.g. bili lights, radiant warmer, blood glucose monitor, pulse oximeter, medications via syringe pumps, etc. Interpret and respond to changes of infant conditions related to the equipment.
- t. Possesses knowledge of normal and abnormal newborn physical and neurological development and application of same in delivery of nursing care to infants from birth until seven days of age.
- u. Administer oxygen therapy, monitor oxygen equipment, and interpret and respond to data. Monitor patient and interpret and respond to data.
- v. Gavage feed infants as ordered.
- w. Recover both stable, transitioning infants and patients of childbearing ages from general and regional anesthesia.
- x. Identify potential post-anesthetic patient problems; specifically, airway management, hemodynamic instability and pain control, and intervene appropriately.
- y. Provide Neonatal Resuscitation Program (NRP) as indicated.
- z. Have knowledge of and/or experience working with intrathecal, epidural, and general anesthesia.
  - aa. Provide intensive care to critically ill neonatal with medical and surgical problems. Continually assess conditions of patient(s) for potential or life threatening crisis.
  - bb. Operate cardio-respiratory monitors and interpret cardiac rhythms and respiratory patterns, determine implications and takes indicated interventions. Document all in a timely fashion.
  - cc. Administer prescribed medications to include IV push drugs and IV drips. Monitor and document patient response.
  - dd. Cares for patients on ventilators with subsequent monitoring.

ee. Operate hemodynamic equipment safely and effectively. Interpret generated data and respond appropriately.

ff. Monitor the recovery of stable and unstable neonates from general and regional anesthesia.

gg. Attend high risk deliveries and provide resuscitative measures to newborns as indicated by A.A.P. Standards

hh. May be requested to accompany patients to other hospitals via surface transport in compliance with Command protocols, and policies. Transport may be "to" or "from" other hospitals.

ii. Participates in multi disciplinary patient care rounds and provides anticipatory guidance and patient education to patients and their support individual(s).

jj. Possess cross training in all Mother & Infant Care Center areas (Transitional/Newborn Nursery).

kk. Possess a functional knowledge of all available resources.

ll. Participate in in-service education programs. Participate in Command's Performance Improvement and Patient Safety Program.

mm. Provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commanding Officer. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

nn. Participate in the provision of monthly in-service training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to nursing care.

oo. Complete initial and annual renewal of Annual Training Requirements as directed by the Staff Education and Training and/or Division Training Officer. Complete initial and renewal training every year for Management of Sexual Assault. The contractor, in conjunction with the Government, shall ensure the training records maintained by the Government are JCAHO compliant for every HCW providing services in this clinical environment.

pp. Attend computer systems and applications (i.e. CHCS, CIS, ADM and Microsoft Office) training provided by the Government for a maximum of 4 hours.

qq. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification and other certifications as required.

rr. Obtain and maintain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification may be provided by the Navy if there is space available at no additional cost; however, it does not relieve the contractor from their responsibility of providing coverage in accordance with the matrix stated in paragraph 4.

ss. Successfully complete the MTF Neonatal Medication Administration PSI (Personal Study Instruction). The government will deem that the health care worker can successfully demonstrate safe skills in administration of medications according to local policies and procedures.

tt. Successfully complete the MTF provided PSI and can successfully demonstrate safe skills in IV therapy and blood and blood products administration prior to assignment to these tasks.

uu. Effectively manage the environment of care to minimize the risk and promote safety to patients and family members.

vv. Contract personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

Attachment AL  
Pharmacists  
NNMC Bethesda, MD  
See Section B, Lot 5

**1. Site of Service.** The contractor shall provide personnel for service in the Pharmacy Department at the National Naval Medical Center, Bethesda, MD.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Pharmacist

**3. Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualifications are required:

a. Successful completion of ACPE approved continuing education of at least 15 hours annually, which maintains pharmacy skills and knowledge in the preceding 2 years.

b. Experience as a pharmacist for at least 12 months within the preceding 24 months or a degree from an ACPE pharmacy program within the preceding 18 months.

c. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide three full-time Pharmacists. To maintain continuity of services, the HCWs MUST BE FULL-TIME INDIVIDUALS. The Commanding Officer will not approve more than one individual for each of the required positions.

b. The Head, Pharmacy Department will supervise the HCW.

c. The HCW shall provide services Monday through Saturday, excluding the day of observance of Federal holidays, for 8.5 hours between the hours of 0700 and 2130. Shifts and weekend service shall be rotated with other Pharmacists. It is anticipated that the HCW shall work at least one weekend per quarter. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

d. The HCW will accrue leave and shall be subject to leave approval in accordance with Section C. Six hours of annual leave and two hours of sick leave are accrued by each HCW at the end of every 80-hour period worked. However, annual and sick accrual rates will be doubled for the first two pay periods of each task order (12 hours of annual leave and 4 hours of sick leave will be accrued for each of the first two 80 hours periods worked).

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCWs shall perform all applicable duties given in Section C of the basic contract and the following additional duties:

a. Pharmaceutical Checking and Dispensing:

- New Outpatient Prescriptions
- Refilling Prescriptions
- Clinic Prescription Issue
- Entering Orders into databases
- Monitoring for drug interactions/allergies
- Monitoring drug overlaps
- Ensuring formulary management and appropriateness of drug therapy

b. Drug Information Consultations:

- Supporting New and Refill Prescriptions
- Supporting Patient Requests
- Supporting Physicians Requests
- Reporting allergies
- Reviewing Non-formulary Requests for proper justification
- Reviewing patient profiles
- Reviewing lab values

c. Quality Improvement:

- Performing Drug Storage Inspection (Wards/Clinics)
- Removing Expired Supplies from patient use
- Producing Error and Workload Reports and documentation

d. Administrative Services:

- Reporting Adverse Drug Reactions
- Board and Committee Attendance
- Pharmacy Staff Meeting Attendance
- Limited supervisory duties

e. Pharmaceutical Care – Identify and prevent or resolve each of the eight types of drug-related problems for each patient:

- Needing pharmacy therapy but not receiving it (a drug indication)
- Taking or receiving the wrong drug
- Taking or receiving too little of the correct drug
- Taking or receiving too much of the correct drug
- Experiencing an adverse drug reaction
- Experiencing a drug-drug, drug-food interaction
- Not taking or receiving the drug prescribed
- Taking or receiving a drug for which there is no valid medical indication

f. Monitor and perform distributive functions for inpatient pharmaceutical services including work units for Unit Dose, Sterile Products, Bulk Orders, and parenteral nutrition and chemotherapy.

g. In the execution of duties, the health care worker shall utilize the Comprehensive Accreditation Manual for Hospitals (JCAHO); Manual of the Navy Medical Department, Chapter 21; hospital instructions; professional journals; and professional society literature. Judgment is required in adapting and applying the established guidelines to the scope of services provided by the pharmacy department.

Attachment AM  
Mammography Technologists  
NNMC Bethesda, MD  
See Section B, Lot 6

**1. Site of Service.** The contractor shall provide personnel for service in the Breast Imaging Center, Radiology Department at the National Naval Medical Center, Bethesda, MD.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Mammography Technologist

**3. Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Experience in ultrasound and digital imaging preferred, but not required. This experience will be considered as an enhancement.

b. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide sufficient personnel to cover the schedule in the following table. All healthcare workers under this Task Order will not accrue leave and will be subject to replacement coverage by the contractor in accordance with paragraphs C.3 and C.3.2 (and its subparagraphs) of the basic contract. The contractor is responsible for providing the leave benefit for these personnel and for approving leave for these personnel. The contractor shall maintain sufficient back-up personnel to ensure coverage of the schedule during periods of both scheduled and unscheduled absences. Services will not normally be required on the day of observance of the Federal holidays.

TIME PERIOD	SUN	MON	TUES	WED	THURS	FRI	SAT
0800-1630		3	2	2	2	3	

b. The contractor shall provide a copy of the work schedule for contract Mammography Technologists for the following month to the COR prior to the 20<sup>th</sup> of each month. A minimum 72-hour notice of changes to the work schedule is required. The 72-hour notice will be waived for emergency situations such as sudden illness or accident.

c. The Service Manager/Lead Petty Officer will supervise the HCW.

**5. Duties.** The HCW shall perform all applicable duties given in Section C of the basic contract and the additional duties listed below.

a. Must be capable of performing a minimum of 3 routine mammo screenings per hour.

b. Perform a minimum of 20 screenings per day.

Attachment AN  
 Computed Tomography Technologist and Radiologic Technologist  
 NNMC Bethesda, MD  
 See Section B, Lot 6

**1. Site of Service.** The contractor shall provide personnel for service in the Radiology Department at the National Naval Medical Center, Bethesda, MD.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Computed Tomography (CT) Technologist  
 Radiologic Technologist

**3. Qualifications.** The CT Technologists and Radiologic Technologists shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition the following qualification is required:

a. For the CT Technologist, experience with the GE Lightspeed system is helpful, but not required. This experience will be considered as an enhancement.

b. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling, CT Technologist.**

a. The contractor shall provide sufficient personnel to cover the schedule in the following table. All healthcare workers under this Task Order will not accrue leave and will be subject to replacement coverage by the contractor in accordance with paragraphs C.3 and C.3.2 (and its subparagraphs) of the basic contract. The contractor is responsible for providing the leave benefit for these personnel and for approving leave for these personnel. The contractor shall maintain sufficient back-up personnel to ensure coverage of the schedule during periods of both scheduled and unscheduled absences. Services shall normally be provided for an 8.5 hour period (to include an uncompensated 30 minute meal break). At the discretion of the supervisor and as workload permits, the healthcare worker may take a compensated 15 minute break in the morning and in the afternoon.

TIME PERIOD	MON	TUES	WED	THURS	FRI	SAT	SUN	HOL
0700-0800	2	2	2	2	2			
0800-1000	2	2	2	2	2			
1000-1200	2	2	2	2	2			
1200-1400	2	2	2	2	2			
1400-1530	2	2	2	2	2			
1530-1800	2	2	2	2	2			
1800-2100	2	2	2	2	2			
2100-2300	2	2	2	2	2			

b. The contractor shall provide a copy of the work schedule for contract CT Technologists for the following month to the COR prior to the 20<sup>th</sup> of each month. A minimum 72-hour notice of changes to the work schedule is required. The 72-hour notice will be waived for emergency situations such as sudden illness or accident.

c. The Work Center Supervisor/Division Officer will supervise the contractor CT Technologists.

**5. Staffing and scheduling, Radiologic Technologists.**



a. The contractor shall provide sufficient personnel to cover the schedule in the following table. All healthcare workers under this Task Order will not accrue leave and will be subject to replacement coverage by the contractor in accordance with paragraphs C.3 and C.3.2 (and its subparagraphs) of the basic contract. The contractor is responsible for providing the leave benefit for these personnel and for approving leave for these personnel. The contractor shall maintain sufficient back-up personnel to ensure coverage of the schedule during periods of both scheduled and unscheduled absences. Services shall normally be provided for an 8.5 hour period (to include an uncompensated 30 minute meal break). At the discretion of the supervisor and as workload permits, the healthcare worker may take a compensated 15 minute break in the morning and in the afternoon. Services will be required on weekends (Saturday & Sunday) and on the day of observance of the Federal holidays.

TIME PERIOD	MON	TUES	WED	THURS	FRI	SAT	SUN	HOL
0700-0800	2	2	2	2	2			
0800-1000	2	2	2	2	2			
1000-1100	2	2	2	2	2	1	1	1
1100-1430	2	2	2	2	2	1	1	1
1430-1530	4	4	4	4	4	1	1	1
1530-1800	2	2	2	2	2	1	1	1
1800-2100	2	2	2	2	2			
2100-2300	2	2	2	2	2			

b. The contractor shall provide a copy of the work schedule for contract Radiologic Technologists for the following month to the COR prior to the 20<sup>th</sup> of each month. A minimum 72-hour notice of changes to the work schedule is required. The 72-hour notice will be waived for emergency situations such as sudden illness or accident.

c. The Work Center Supervisor will supervise the contractor Radiologic Technologists.

**6. Duties.** The HCW shall perform all applicable duties given in Section C of the basic contract.

a. In addition to the duties given in Section C of the basic contract, the CT Technologist shall perform the following:

(1) Operate the following equipment:

GE Light Speed CT Scanner  
General Electric Independent Viewing System (Advantage Windows Workstation)  
General Electric NXi CT Scanner

(2) Perform Quality Assurance checks of the equipment on a daily basis to ensure that the scanners are functioning properly in accordance with the Radiology Department's standards operating procedures (SOP).

(3) Operate or direct operations of radiological equipment for computerized tomography to include GE Light Speed series and GE NXi CT Scanners, and applications devices used for quality control procedures. Become proficient with and adhere to the Imaging Division Standard Operating Procedures for the correctly performing CT procedures.

(4) NNMC will schedule patients for examinations. The CT Technologists shall schedule any additional patients presenting to the department who have not been scheduled through the facility appointment system. Evaluate the nature of critical and emergency procedures and determines patient priorities to accommodate them. Maintain records of patients treated, examinations performed, scans taken, etc. Maintain permanent records of scans in tape library.

(5) Assist in researching, developing, and formulating new techniques for CT procedures required by the Imaging Division.

(6) Perform patient archiving and printing, to include hardcopy radiographs or required images at the correct window and level settings. Process the images and file in correct file folder, and retrieve file jackets in the film archives as necessary. Archiving responsibilities include: transferring the required image of information to the established long term storage device and printing those images for each patient as required by SOP manual or as directed by the imaging physician.

(7) Operate the film processing units in the Division. Develop exposed film from both the GE Light Speed and GE NXi series film camera systems.

b. In addition to the duties given in Section C of the basic contract, the Radiologic Technologist shall perform the following:

(1) Operate the following equipment:

GE ADVANTEX Systems

Picker Vector

GE Digital Radiography Chest system

Hologic Digital Radiography system

Philips Digital Radiography system

All series of routine GE, Philips and Siemens x-rays units

Patient positioning devices (sandbags, restrictors, etc.)

GE AMX Portables

OEC 9800 C-Arm equipment

(2) Perform Quality Assurance checks including warm-up of the radiographic equipment on a daily basis to ensure that the radiographic units are functioning properly in accordance with manufacturer's specifications and the Radiology Department's Standards Operating Procedures (SOP).

(3) Operate or direct operations of radiographic equipment to include all models and series of radiographic units maintained by NNMC and all applications and digital units and devices used for quality control and or archiving of digital images. Become proficient with and adhere to the Imaging Division Standard Operating Procedures for the correctly performing all types of examinations and Quality Assurance with patient safety in mind.

(4) All NNMC staff (military or otherwise) will schedule patients for examinations where applicable. The Radiologic Technologists shall schedule any additional patients presenting to the department who have not been scheduled through the facility appointment system. Evaluate the nature of critical and emergency procedures and determines patient priorities for accommodation. Maintain records of patients treated, examinations performed, etc. Maintain permanent records of examinations in Film File Library and or Digital Archiving System.

(5) Perform patient archiving and printing, to include hardcopy radiographs or required images at the correct window and level settings. Process the images and file in correct file folder, and retrieve file jackets in the film archives as necessary. Archiving responsibilities include: transferring the required image of information to the established long term storage device and printing those images for each patient as required by SOP manual or as directed by the imaging physician. Retrieve film from the Film File Library during the Evening shifts and or weekends according to Department SOP for comparative interpretation by the radiologists and or to provide service to customers checking out records (films) with proper authorization and documentation.

(6) Operate the film processing and computed radiography units in the Division. Develop films from both digital processors and/or wet chemical processors.

Attachment AO  
Magnetic Resonance Imaging Technologist  
NNMC Bethesda, MD  
See Section B, Lot 6

**1. Site of Service.** The contractor shall provide personnel for service in the Radiology Department at the National Naval Medical Center, Bethesda, MD.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Magnetic Resonance Imaging (MRI) Technologist

**3. Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide four individual full-time MRI Technologists. To maintain continuity of services, each HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for each required position.

b. The Head, Radiology Department will supervise the HCW.

c. The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 hours for either the PM shift (1500 through 2330), or the night shift (2300 through 0730). Upon mutual agreement of the health care worker and the department head, day shift (0700 through 1530) may be required. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCWs shall perform all applicable duties given in Section C of the basic contract.

Attachment AP  
Respiratory Therapists  
NNMC Bethesda, MD  
See Section B, Lot 6

**1. Site of Service.** The contractor shall provide personnel for service in the Pulmonary Medicine Department at the National Naval Medical Center, Bethesda, MD.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Respiratory Therapist

**3. Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide two individual full-time Respiratory Therapists. To maintain continuity of services, each HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for each required position.

b. The Head, Pulmonary Medicine Department will supervise the HCW.

c. The HCW shall provide services Monday through Sunday for a 12.5 hour period between the hours of 0645 and 1915, or 1845 and 0715. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.

d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCWs shall perform all applicable duties given in Section C of the basic contract and the following additional duties:

a. Routine workload will be scheduled by the supervisor per inpatient workload. Secondary workload is the result of consultation requests submitted by other MTF staff. HCW are responsible for a full range of examinations, the development of comprehensive treatment plans when indicated, delivery of treatment within the personnel and equipment capabilities of the MTF, provision of mandated medical surveillance and preventive services and the quality and timelines of treatment records and reports required to document procedures performed and care provided. HCWs shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff health care providers who have been referred for consultation and treatment.

b. Treatments, procedures, and duties shall be carried out in accordance with the guidelines set forth in the Respiratory Policy and Procedures Manual.

c. Other duties include sputum inductions, slow vital capacities and inspiratory efforts, bedside pulmonary functions, incentive spirometry, and if required, member of the cardiac arrest team.

d. May be required to assist in the transportation of patients from other medical facilities. Such transports will occur during the health care worker's normal working hours. Transportation will be provided by the government.

e. Performs limited administrative duties which may include maintaining statistical records of his/her clinical workload, participating in medical education programs, and participating in clinical staff quality assurance functions as prescribed by the MTF Commanding Officer.

Attachment AQ  
Central Sterile Supply Technician  
NNMC Bethesda, MD  
See Section B, Lot 6

**1. Site of Service.** The contractor shall provide personnel for service in the Central Sterile Department at the National Naval Medical Center, Bethesda, MD.

**2. Labor Categories.** The contractor shall provide personnel from the following labor category:

Central Sterile Supply Technician

**3. Qualifications.** The healthcare workers (HCW) shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

a. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

a. The contractor shall provide three individual full-time Central Sterile Supply Technicians. To maintain continuity of services, each HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for each required position.

b. The Head, Central Sterile Department will supervise the HCW.

c. Services will be required Sunday through Saturday between the hours of 1300 and 2130 with an uncompensated 30 minute meal break for an 8 hour shift. All three HCWs will be designated as "Essential Personnel" and the MTF will issue a letter stating the responsibilities of each HCW that is designated as such.

d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.

e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCWs shall perform all applicable duties given in Section C of the basic contract.

Attachment AR  
Medical Laboratory Technicians  
NNMC Bethesda, MD  
See Section B, Lot 6

**1. Site of Service.** The contractor shall provide personnel for service in the Laboratory Medicine Department at National Naval Medical Center, Bethesda, MD.

**Labor categories.** The contractor shall provide personnel from the following labor categories:

Medical Laboratory Technician

**3. Qualifications.** The HCW shall possess and maintain the minimum qualifications stated in Section C of the basic contract. In addition, the following qualification is required:

- a. Possess experience as a medical laboratory technician of at least 12 months within the preceding 24 months.
- b. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

**4. Staffing and scheduling.**

- a. The contractor shall provide 10 individual full-time Medical Laboratory Technicians. To maintain continuity of services, each HCW MUST BE A FULL-TIME INDIVIDUAL. The Commanding Officer will not approve more than one individual for each required position.
- b. The Head, Laboratory Medicine Department will supervise the HCWs.
- c. The HCW shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 8.5 hours between the hours of 0630 and 1500 or 0800 and 1630. The shift includes an uncompensated 30 minute meal break and HCW shall not work more than 80 hours in a two week period.
- d. The HCW will accrue 8 hours of personal leave (annual plus sick) for each 80 hours worked and shall be subject to leave approval in accordance with Section C.
- e. The HCW will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).
- f. The contractor need not provide back-up coverage for the HCW during periods of approved leave and holidays.
- g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only a HCW who indicates interest in a long-term commitment under the task order.

**5. Duties.** The HCW shall perform all applicable duties given in Section C of the basic contract and the additional duties listed below.

- a. Select the procedures which are appropriate for the request for service and congruent with patient consideration.

b. Process specimens using equipment, instruments or techniques that are necessary to prepare them for specific analysis; control physical conditions; respond to time factors to ensure that the physiological state of the specimen is maintained.

c. Identify unusual results or discrepancies/conditions which cause erroneous results (instrument malfunctions, inappropriate specimens, etc.). Takes appropriate action to make corrections and solve problems, including notifying supervisors when specific corrective actions have not been established in guidelines.

d. Evaluate the validity of data in relation to the test system and essay procedures. Perform additional tests to clarify or confirm abnormal patient results and report patient results.

e. Collect blood from patients following prescribed procedures and apply required safeguards to ensure patient safety. Instruct patients on appropriate collection of urine and other specimens.

f. Seek clarification of duties when indicated.

g. Channel suggestions, comments and questions to appropriate persons.

h. Laboratory tests performed:

Chemistry  
Hematology  
Urinalysis  
Serology  
Microbiology  
Blood Bank

i. Administrative Services:

Continuing Education  
Laboratory Staff Meetings

j. Quality Assurance:

Workload Recording and assembly of reports  
Quality Control reports



ATTACHMENT AS  
LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS, which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing

an official seal

5. U.S. Military card or draft record

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant  
Mariner Card

8. Native American tribal document

9. Driver's license issued by a  
Canadian government authority

For persons under age 18 who  
are unable to present a  
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. U.S. Citizen ID Card (INS Form I-197)

5. ID Card for use of Resident  
Citizen in the United States  
(INS Form I-179)

6. Unexpired employment  
authorization document issued  
by the INS (other than those  
listed under List a).

## Attachment AT

## EXAMPLE: Supplemental Pricing Worksheet

This supplemental pricing worksheet shall be completed in accordance with requirements of Section L, paragraph L.7.3 Volume II d(2). This worksheet requires two sets of data: 1) information regarding the minimum compensation rates to be paid by the offeror to any health care worker in this labor category/CLIN for the specified solicitation Lot; and 2) information regarding the average compensation rate for the labor category, considering all health care workers to be utilized and all hours of service to be performed. The Contracting Officer will use the minimum compensation information to determine the price realism of the proposed compensation. The Contracting Officer will use the average compensation information for best value determinations. A separate supplemental pricing worksheet for each of the labor categories/CLINs included in this Lot is provided on a separate tab within this file; each provided tab shall be completed.

SLIN 06-0006AA Central Sterile Technician at NNMC Bethesda, MD  
(Attachment AQ)

- i. Hourly Rate (direct compensation to the HCW) (expressed in dollars and cents)
- ii. \*Fringe Benefits (expressed in dollars and cents)

Minimum compensation for HCWs in this labor category.	Average compensation for HCWs in this labor category
\$0.00	\$0.00
\$0.00	\$0.00
<b>Total Health Care Worker Compensation Per Hour</b>	<b>\$0.00</b>

\*Fringe Benefits include non-cash compensation provided to employees (including that necessary to comply with Department of Labor compensation requirements), such as 401(k), Insurance (Medical/Dental/Life), Continuing Education Expenses, Bonuses, Incentives, and Uniform Allowances.

The offeror shall describe other fringe benefits offered but NOT included in the fringe benefit rate above (please specify and describe the value of the benefit):

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**SOURCE INFORMATION NOTES:**

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ATTACHMENT AU  
CONTRACT ADMINISTRATION PLAN

1. Definitions.

1.1 Administrative Contracting Officer (ACO). To the extent that the Procuring Contracting Officer has delegated contract administration, the Government official responsible for administering the contract. For the purposes of these contracts, the PCO has retained contract administration responsibilities. Therefore, the terms PCO and ACO refer to different functions performed by the same individual.

1.2 Alternate Contracting Officer's Representative (ACOR). In the absence of the Contracting Officer's Representative, the Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer for a specific contract, for a specified period of time.

1.3 Bureau of Medicine and Surgery (BUMED). The Department of the Navy command responsible for all Navy health and dental contracting initiatives.

1.4 Commanding Officer. The medical department officer that has ultimate responsibility for the operation of an MTF.

1.5 Contracting Officer's Representative (COR). The Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer.

1.6 Contractor. The offeror identified in block 15A of the Standard Form 33 or block 7 of the Standard Form 26 and its healthcare workers who are providing services under the contract.

1.7 Medical Treatment Facility (MTF). The DoD hospital or medical center requiring services under these contracts. The abbreviation, "MTF" includes all the Branch Medical Clinics, Medical Administrative Units, Branch Medical Annexes and other subordinate clinical activities specified in these contracts. The abbreviation, "MTF" also refers to any military treatment facility within the scope of these contracts.

1.8 Naval Medical Logistics Command (NAVMEDLOGCOM). The Department of the Navy command responsible for implementation of the Bureau of Medicine and Surgery healthcare contracting initiatives.

1.9 Procuring Contracting Officer (PCO). The Government official within NAVMEDLOGCOM authorized by warrant to enter into these contracts for the Government.

1.10 Supervisor. The Government official whose duty it is to provide day-to-day direction to, and oversight of, contractor personnel, including supervisory functions such as time and attendance.

1.11 Technical Assistant (TA). The MTF representative who may be assigned to provide technical or administrative assistance to the COR. TAs may be assigned to assist and support the COR but shall not be given the authority to provide any technical direction or clarification directly to the Contractor.

2. Responsibilities.

2.1 The Navy's ASSISTANT CHIEF FOR HEALTHCARE OPERATIONS, BUREAU OF MEDICINE AND SURGERY (BUMED Code M3) as Program Manager shall:

2.1.1 Establish medical contract policy guidance.

2.1.2 Provide overall direction for the planning, development, and operation of all Navy MTFs.

2.1.3 Monitor the progress and achievement of medical contracts within the Navy's health care delivery system.

2.1.4 Serve as subject matter expert for all technical aspects of medical and dental contracting efforts.

2.1.5 Monitor MTF compliance with policies detailing the use of the Managed Care Support Contracts (MCSCs).

2.2 The PROCURING CONTRACTING OFFICER (PCO), ACQUISITION MANAGEMENT DIRECTORATE (Code 02), Naval Medical Logistics Command shall:

2.2.1 Perform all required pre-award actions including providing information or answering questions that arise during the solicitation period and as a result of Freedom of Information Act (FOIA) inquiries.

2.2.2 Review the CAP Documentation Form and complete Part II. The PCO shall furnish sample COR and TA nomination letters to the MTF in accordance with NAVSUPINST 4205.3D.

2.2.3 Verify that the individual(s) nominated to act as COR have had the required training and the necessary experience. If the PCO determines that a nominee does not meet experience and training requirements, the PCO shall request that the MTF nominate another individual.

2.2.4 Review the CAP prior to incorporation into the solicitation. This review shall ensure that all contract administration functions are assigned, suit the specific circumstances of the contract and give due consideration to the type of contract, the place of performance, period of performance, and inspection and acceptance criteria stated in the solicitation/contract.

2.2.5 Include the COR duties contained in this master CAP in the resultant solicitation/contract. Additional duties shall be separately delineated within the contract, as appropriate.

2.2.6 Designate the paying office in the contract.

2.2.7 Appoint the COR and ACOR.

2.2.8 Perform all contract administration duties of a Contracting Officer. Regular meetings between the PCO, the COR and/or the MTF Commanding Officer (or representative) will be held to discuss the status of and the performance under individual contracts. The format and frequency of these meetings will depend upon the size and complexity of the contract.

NOTE: All parties are specifically reminded that only the Contracting Officer has the authority to modify the terms of the contract. Therefore, in no event will any understanding, agreement, modification, change order, or other matter deviating from the terms of the basic contract between the Contractor and any other person be effective or binding on the Government. When/if, in the opinion of the Contractor, any direction affecting the terms of the basic contract has been given by the COR or any other person, the Contractor shall promptly notify the PCO.

2.2.9 Evaluate reports of Contractor non-compliance and take appropriate action within 30 days of receipt. Copies of any correspondence regarding the results of such analyses shall be provided to the MTF and the COR simultaneously with the action taken.

2.2.10 Arrange the post-award conference, if required. Invite necessary attendees. Ensure that the requirements of the contract and the COR's duties are thoroughly discussed and understood. Ensure that all personnel involved understand current DoD Standards of Conduct policies.

2.2.11 Oversee the performance of CORs under the contract. Prompt action shall be taken when COR (or alternate) is not performing properly.

2.2.12 Maintain the official contract file including modifications (and all back-up documentation).

2.2.13 Maintain the accuracy of this Master CAP throughout the life of these contracts.

2.2.14 Maintain a list of all CORs under their authority. Periodically review the files and performance of these CORs in accordance with NAVSUPINST 4205.3D and local policies.

2.2.15 Review the existing annual Contractor performance reports prior to negotiating any logical follow on task orders under these contracts. Enter data into the Contractor Performance Assessment Reporting System (CPARS).

2.2.16 Maintain a log of total hours ordered under these contracts by CLIN/SLIN to guarantee that maximum order quantities are not exceeded. Notify the Healthcare Program Analyst (NAVMEDLOGCOM Code 07) and the MTF when 75% of the maximum order quantity of any CLIN/SLIN has been reached.

2.3 The HEALTHCARE PROGRAM ANALYST, HEALTHCARE SERVICES SUPPORT DIRECTORATE (Code 07), Naval Medical Logistics Command shall:

2.3.1 Submit a completed and signed CAP Documentation Form with answers to questions that pertain to this acquisition.

2.3.2 As appropriate, submit the Contract Data Requirements List (DD Form 1423 or CDRL) providing a description of all reports/outputs required from the Contractor.

2.3.3 Act as the healthcare contracting technical manager for BUMED. Ensure consistency among healthcare contracts, providing coordination and technical liaison between MTFs, BUMED, CORs, and the PCO.

2.3.4 Coordinate/develop the procurement technical requirements including a performance work statement (Section C); draft input to Sections B, H, L and M; a draft Source Selection Plan; a draft Contract Administration Plan (CAP); potential sources for the procurement; draft quality assurance plan; surveillance plan and other related documents required for the acquisition.

2.3.5 Monitor and manage reports of Contractor non-compliance, evaluate reports submitted by the individual CORs and, recommend PCO disposition on all noted discrepancies.

2.3.6 Perform healthcare trend analyses and provide feedback to the PCO and CORs.

2.3.7 Provide any other technical assistance to the MTF, PCO/ACO, CORs and, other customers.

2.3.8 Conduct periodic COR meetings and inspections to discuss status and performance under the contract emphasizing problem identification, problem solving and contract familiarity. These items will be prospectively coordinated with the PCO.

2.3.9 Ensure that the MTF, PCO/ACO, CORs, and BUMED are appropriately informed of related healthcare issues.

2.3.10 Provide periodic statistical and financial reports to BUMED.

2.3.11 Periodically appraise customers of hours/service remaining within Schedule B and any anticipated impact that new task orders will have on plans for changes (expansion/reductions) of services.

2.4. The COMMANDING OFFICER OF THE MTF shall:

2.4.1 Budget and provide funding for the contracts.

2.4.2 Nominate (to the PCO) individual(s) to be appointed as COR (by name, title, organizational code and telephone number). This individual(s) shall also be the contract quality assurance monitor and lead technical

advisor to the ACO and shall be responsible for the technical interface needed during contract performance. An ACOR can be nominated to act in the absence of the COR, when needed, or to provide additional expertise.

NOTE: COR duties cannot be delegated. The COR shall be accountable for the actions of ACORS or TAs.

NOTE: Nomination of new CORs as a result of reassignment, termination of employment, etc., shall be made in accordance with the procedures outlined herein.

2.4.3 Ensure all individuals nominated as COR or ACOR have the necessary qualifications to satisfactorily perform the required duties and hold a position of responsibility commensurate with the complexity of the contract. All CORs shall have graduated from a Naval Supply System Command (NAVSUP) approved/BUMED provided medical/dental COR training course prior to their appointment.

2.4.4 Upon receipt of the contract from the PCO, forward copies of documents to staff having administrative responsibilities for these contracts.

2.4.5 Support and supervise the COR in the performance of their duties. If the Commanding Officer determines that assigned duties are not being performed in a satisfactory manner, immediate corrective action shall be taken (including the recommendation to replace the COR if required). The PCO shall be promptly notified of all actions taken. The MTF should consider COR performance in rating all individuals assigned COR functions.

2.4.6 Notify the PCO in writing of any organizational or personnel changes affecting the CAP.

2.4.7 Ensure that appropriate timely action is taken on all contract related correspondence received from either the PCO or COR. This includes the timely submission (to the PCO) of any requests for changes to the performance work statement, deviations or waivers. An Independent Government Cost Estimate of the impact on contract price and the availability of additional funding (if required) must accompany all requests for changes to the performance work statement/contract. The Contractor's price quote and the rationale for requesting the change shall accompany any changes proposed by the Contractor. The Contractor's price quote serves as a budgetary estimate of the cost impact. The MTF shall also provide input as to technical acceptability of proposed contract language changes.

2.4.8 The MTF Commanding Officer may appoint a TA to assist the COR in executing routine contract administration, monitoring and, surveillance duties. The appointment of all TAs must be in writing and must include the TA's responsibilities and limitations. A copy of this appointment letter shall be provided to the PCO. Before appointment, the MTF shall assure that all TAs have the appropriate training and experience.

2.5 The CONTRACTING OFFICER'S REPRESENTATIVE (COR) shall:

2.5.1 Attend both the pre-proposal and post-award conferences.

2.5.2 Attend periodic meetings (if held) among the PCO, MTF and Contractor(s) to discuss the status of and performance under the contracts.

2.5.3 Avoid issuing any instructions that would constitute a change to the contract. The COR and Contractor shall not enter into any understanding, agreement, modification, or change order deviating from the terms of the basic contracts which shall be effective or binding on the Government. If in the opinion of the Contractor, an effort outside the scope of the contract is requested, the Contractor shall promptly notify the PCO in writing. The Contractor shall not act unless the PCO or ACO has issued a written change to the contract. The COR will include, on all correspondence to the Contractor, a declination of authority statement as follows:

*"I have neither the authority nor the intent to change the terms or conditions of this contract. This contract can only be changed by a written modification issued by the Contracting Officer. If you believe that I am requesting an effort outside the scope of this contract, promptly notify the Contracting Officer. Additionally, this shall not be construed as an authorization for new work or additional work not already contained in the contract."*

2.5.4 Perform as the technical interface between the Government and the Contractor(s) for these contracts. The COR shall provide technical advice or clarification regarding the performance work statement; milestones to be met within the general terms of the contract or specific subtasks of the contract. The COR is the point of contact through whom the Contractor can relay technical questions and problems to the Contracting Officer. The Contractor may also contact the Contracting Officer directly.

2.5.5 Coordinate/facilitate complete and timely credentials submissions between the MTF and the Contractor using the applicable Professional Affairs Coordinator (PAC) staff at the MTF. The COR shall provide technical advice or clarification regarding the performance work statement, milestones to be met within the general terms of the contract or specific subtasks of the contract, maintain a method for tracking expiring credentials, and maintain shift schedules. The COR shall inspect the credentials of each contract employee prior to submission to the PAC.

2.5.6 Monitor Contractor performance and progress under the contract. If potentially inefficient or wasteful methods are being used, the COR shall take reasonable and timely action to alert the Contractor and the PCO. Furthermore, the COR shall promptly advise the PCO of any observed continuous and/or substantial deficiencies in the Contractor's performance or other noncompliance with the terms or conditions of the contract. Enclosure (1) is the surveillance plan to be used by the COR to monitor Contractor performance. Deviation from this surveillance plan is only permitted with the prospective approval of the PCO.

2.5.7 Promptly issue Contract Discrepancy Reports or CDRs (Enclosure (2)) to the Contractor to document discrepant performance. The COR shall always obtain the Contractor's response/rebuttal to the CDR, evaluate the acceptability of the response and promptly forward the CDR, Contractor response/rebuttal, and the evaluation to the NAVMEDLOGCOM Healthcare Program Analyst.

2.5.8 Monitor and verify services provided in accordance with Schedule B of the contract. Keep accurate records of Contractor performance and compare these records with the DD250 or time sheet submitted by the Contractor. The COR shall always use this information as a tool when evaluating Contractor invoices.

2.5.9 Inspect and/or accept the services as the official Government representative.

2.5.10 Use appropriate, contract-specific sampling methods for contract surveillance.

2.5.11 Completely understand contract invoicing requirements. The COR shall process all DD250s in a timely manner to ensure that prompt payment due dates are met. The COR shall promptly forward copies of the DD250s, with a copy of the Contractor's invoice, to the ACO.

2.5.12 Immediately alert the PCO and the ACO of any unusual performance problems. If a corrective action plan is approved by the Contracting Officer, the COR shall monitor the implementation and effectiveness of that corrective action plan. In uncertain situations, the COR shall always seek advice from the PCO and/or ACO, as prudent, before acting.

2.5.13 Continually monitor the quantity of services provided under each CLIN/SLIN and/or task order. Advise the PCO if it appears that service quantities may be exhausted before the end of the performance period, or if quantities of unused hours for services have been ordered but will not be received by the end of the performance period.

2.5.14 Perform administrative duties including all files which support the actions performed as a COR. The COR shall respond to all contract correspondence in a timely manner. Contract files shall include a conforming copy of the contract, all modifications, a conforming copy of the Contractor's Technical Proposal, all Contractor invoices, all DD250s, all surveillance reports, each CDR (including the Contractor's response/rebuttal), any contract-related correspondence, a contract log or COR diary, all telephone conversation and email records, meeting minutes, reports from Government subject matter experts, and Independent Government Cost Estimates.



2.5.15 Take the necessary steps to ensure that Government property furnished to the Contractor is provided in a timely manner and in proper condition for use. The COR shall maintain both inventory and disposition records for all Government furnished property. This inventory/disposition file is coordinated with the ACO. The COR shall ensure that the Contractor returns all Government furnished property or that Government furnished material has been reasonably consumed in the performance of work.

2.5.16 Read and comply with all applicable Standards of Conduct and Conflict of Interest instructions and procedures including annual financial interest filings.

2.5.17 Ensure that the Contractor receives copies of all regulations and/or directives considered appropriate to the services being provided.

2.5.18 Submit a report detailing the Contractor's performance to the PCO. This report shall be made annually, on or about 01 June of each fiscal year. A final report shall be sent the PCO within 60 days after completion of the contract. The final report shall contain a conclusive statement describing the Contractor's overall performance and an evaluation on the accountability of Government property furnished to the Contractor. Enclosure (3) contains the format for this report.

2.5.19 Perform other duties, particular to the contract, as may be incorporated into the contract document or as required by the Contracting Officer.

2.6. TECHNICAL ASSISTANT (TA). All requirements for TA duties are reported directly to the COR. At the direction of the COR, the TA shall:

2.6.1 Perform surveillance and identify Contractor deficiencies.

2.6.2 Review contract deliverables, recommending acceptance/rejection, and providing the COR with the documentation to support all recommendations.

2.6.3 Assist the COR in the preparation of the final Contractor performance report using the format and procedures prescribed by the Contracting Officer.

2.6.4 Identify Contractor non-compliance with reporting requirements.

2.6.5 Evaluate Contractor proposals, identifying potential problem areas.

2.6.6 Provide (a) timely input for technical clarifications to the performance work statement, (b) technical direction for the Contractor, and (c) recommendations for CAPs.

2.6.7 Provide detailed written reports of any trip, meeting, correspondence, telephone conversation, email or, anecdotal conversation after any contact between the TA and the Contractor.

Enclosures:

Enclosure 1 - Surveillance Plan

Enclosure 2 - Contractor Discrepancy Report

Enclosure 3 - Report on Contract Performance

Enclosure 4 – Contract Administration and Duties

Enclosure 1  
SURVEILLANCE PLAN

## 1. INTRODUCTION

1.1 Purpose. This surveillance plan has been developed to aid the Contracting Officer's Representative (COR) in providing effective and systematic surveillance of all aspects of this contract.

1.2 Objective. To ensure that the Contractor is complying with the specifications of the contract by providing quality healthcare services to eligible beneficiaries.

1.3 Scope. This plan applies to the Medical contract services. This is a personal services contract. Contract performance will be monitored chiefly through prospective supervision by Navy personnel. Some elements of performance will be monitored by the COR through retrospective surveillance.

## 2. RESPONSIBILITIES

2.1 The Contracting Officer (KO) at NAVMEDLOGCOM is responsible for negotiating all modifications to contract terms, conditions or amounts.

2.2 The Healthcare Program Analyst at NAVMEDLOGCOM serves as the technical agent for coordinating issues among the KO, the MTF and the COR. The Healthcare Program Analyst reviews the COR's contract surveillance and provides feedback to the COR and recommendations to the KO. The Healthcare Program Analyst provides technical support to the COR and the KO in preparing modifications. The Healthcare Program Analyst also tabulates statistical data.

2.3 The MTF commanding officer is responsible for establishing and maintaining a system for reviewing and approving correspondence submitted by the COR to NAVMEDLOGCOM.

2.4 The COR is responsible for assuring Contractor performance through audit, documentation and liaison with the KO. The COR shall ensure that copies of all Contractor correspondence and MTF/COR responses are provided to the KO. The COR must observe the following cautions and limitations:

2.4.1 Do not request or direct the Contractor to do anything that is not expressly stated in the contract.

2.4.2 Do not attempt to control Contractor efforts except as specifically authorized in the contract.

2.4.3 Do not make suggestions or comments that the Contractor could construe as authority to proceed on work not specified in the contract.

2.4.4 Do not request changes that add work or objectives not within the scope of the contract. Seek the advice of the KO.

2.4.5 Do not accidentally generate a basis for a Contractor claim. Communicate with the Contractor in a timely manner.

2.4.6 Exercise diligence in monitoring and documenting the Contractor's performance. When in doubt about any aspect of the contract specifications or the Contractor's performance, seek the advice of the KO or the NAVMEDLOGCOM analyst.

2.4.7 Bring to the attention of the KO any extraordinary action on the part of the Contractor, i.e., any performance outside the scope of the contract.

2.5 The Government supervisory personnel specified in the Task Order are responsible for providing day-to-day supervision and control of contract personnel. This includes provision of technical guidance, direction, and approval of tasks performed to satisfy requirements of the contract/task order.

3. INSPECTION METHODS. Several methods serve as means for inspecting Contractor performance. Some methods are more appropriate than others are. The COR may use any or all of these inspection methods. Inspection, along with documentation, is vital to ensuring Contractor compliance with contract requirements.

3.1 100% Inspection. This method of surveillance is time consuming, expensive and unrealistic for services performed frequently. However, it is appropriate in critical areas where health and safety are involved and each occurrence of a particular requirement must be examined to determine compliance.

3.2 Surveillance Checklists. Checklists are used for services performed on an infrequent but predictable schedule (e.g., monthly, quarterly, annually, etc.) Any scheduled service that is provided on less than a daily basis can be considered for inclusion on a checklist.

3.3 Random Sampling. Sampling can be an unbiased, comprehensive evaluation of the Contractor's performance while efficiently using limited inspection time. The basis for doing random sampling is MIL-STD-105D, "Sampling Procedures and Tables for Inspection by Attributes". It is based on the statistical concept that an evaluation of randomly chosen occurrences may allow the evaluator to draw conclusions (acceptable/not acceptable) about the universe of occurrences.

3.4 Validated Customer Complaints. Validated customer complaints are the customer's method of documenting problems. The COR will coordinate efforts to acquire, document and validate these complaints. Customer complaints are not used to reject a service, but can be used as further evidence of unsatisfactory performance (e.g. if random sampling shows the specific service is unsatisfactory). When other surveillance continues to show unsatisfactory performance, validated customer complaints can indicate a need to increase surveillance. The COR must have a written validation process for all customer complaints (much like the CDR process). Only validated customer complaints should be forwarded to the Contracting Officer for action. Customer complaints cannot be used in conjunction with other surveillance methods (i.e., partial random sampling plus certain customer complaints) because their occurrences are not truly random.

4. TIME FRAMES FOR MONITORING PERFORMANCE REQUIREMENTS. There are several different time frames for monitoring performance requirements of the contract. Depending upon the specific performance requirement, the COR will monitor activities on a one-time basis, a per occurrence basis, or an ongoing basis.

4.1 One-time Activities. This performance requirement is generally monitored for initial or start-up activities, such as submission and verification of the credentials files.

4.2 Per Occurrence Activities. This activity is one that is monitored at each occurrence. It is often an activity could place a patient at unnecessary risk for which the COR will investigate. Examples of these would include medication errors, impaired providers, or any incidents that resulted in disciplinary action against a Contractor employee.

4.3 Ongoing Activities. This performance requirement is one that must be continually monitored throughout the life of the contract because the requirement itself is ongoing. Examples include a requirement for shift coverage, schedule submissions, meeting attendance, maintenance of personnel qualifications and, documentation of annual training.

## 5. DOCUMENTATION.

5.1 The need to document each contact between the COR and the Contractor cannot be overemphasized. CORs should understand the procedures that are described in FAR Part 33.2. CORs should remember that the documentation prepared by the COR will be the primary evidence presented by the Government in any litigation, with the Government bearing the burden of proof. This documentation must be thorough, accurate and complete.

5.2 It is important to maintain a record of all other contacts between the COR and the Contractor which reflect normal clinic operations or the services required in the contract. Examples may include schedule submissions, feedback on Contractor credentialing actions, substitution procedures for health care workers, etc. These examples may or may not be a part of routine surveillance, but the COR's ability to reconstruct events will be important if the Government rejects the quality or timeliness of contract services.

5.3 Documentation may include Contract Discrepancy Reports (CDRs), meeting minutes, annotations on surveillance checklists, letters, email, telephone conversation records, memoranda, etc. Results of inspections identifying unsatisfactory Contractor performance must be given to the Contractor for review, comment, and corrective action as appropriate.

5.4 All performance related inspection documentation is an integral part of the contract file and must be stored and maintained accordingly. The COR should maintain a reading file of all correspondence and pertinent documentation.

## 6. INVOICING PROCEDURES

6.1 At the end of each bi-weekly period of contract performance, the contractor will present the COR with an invoice (Material Inspection and Receiving Report, DD Form 250). The COR will inspect the invoice to ensure that it accurately reflects the amount of service provided by the contractor, but will not accept (sign) the invoice if there are any substantial inaccuracies.

6.2 The COR shall coordinate with the supervisor of each clinical area represented on the invoice to determine the accuracy of the service totals included on the invoice. Additional tools which may be available to the COR to confirm invoice amounts are contract employee time clock cards and sign-in/sign-out sheets. Time which is not in some way confirmed through coordination with the applicable supervisor, documented by time clock, documented by time sheet, or confirmed through some other appropriate method available to the COR will not be considered to have been provided.

6.3 If the COR disagrees with the invoiced quantities, the COR shall attempt to promptly resolve the discrepancy with the designated contractor representative. The COR shall return the invoice with a memorandum to the key person, rejecting the invoice as "improper". The memorandum shall state the quantity which the COR considers to be correct (the COR can attach a copy of the government time sheet or other documentation as appropriate). A copy of the invoice and the memorandum shall be retained by the COR. The COR shall encourage the contractor to re-invoice for the correct quantity so that it can be certified correctly.

6.4 Alternatively, for less substantial invoice errors (such as clerical errors or minor quantity discrepancies), the COR may annotate a change to the invoiced amount on the DD250 form accompanying the contractor's invoice and/or can note the change on a DFAS Prompt Payment Certification form. CORs may NOT note changes directly on the contractor's invoice as it will be rejected by DFAS as improper.

6.5 Failure of the contractor to submit invoices in a timely manner, significant or recurring quantity discrepancies on submitted invoices, or failure of the contractor to submit a revised invoice for a billing period, shall be brought to the attention of the KO and NAVMEDLOGCOM.

## 7. CONTRACT DISCREPANCY REPORTS (CDRs)

7.1 In all instances where the Contractor's performance takes exception to the contract and/or is unacceptable, the COR will issue a CDR to the Contractor.

7.2 The COR shall ensure that all inspection data is attached to the CDR. The Contractor cannot be expected to respond to performance deficiencies that are not clearly and specifically identified. A cover memorandum on the CDR should specify that the Contractor has three working days to respond in writing to the COR.

7.3 Upon return of the CDR package from the Contractor, the COR shall review the Contractor's comments and give careful, objective consideration to the facts and mitigating circumstances documented in the response. The COR shall then make a final recommendation on the acceptability of Contractor performance and note it on the CDR. The COR shall state why the Contractor's response does or does not have merit. The COR shall attach as much additional documentation as required to support their findings and recommendations.

7.4 The COR shall forward copies of each completed CDR and the final recommendation to (1) the Contractor and (2) the KO via Healthcare Program Analyst.

7.5 The Healthcare Program Analyst will review CDRs and will advise the COR of the need for any further documentation. The Healthcare Program Analyst will then forward the documentation to the KO with recommendations for action.

## 8. COR SURVEILLANCE REQUIREMENTS

8.1 Submission of Credentials. The COR shall inspect the credentials of each contract employee.

8.1.1 The contractor shall submit Individual Credentials Files (ICFs), Individual Professional Files (IPFs), and qualifications packages (for non-credentialed/non-licensed personnel) in accordance with requirements of the contract and BUMEDINST 6320.66 (latest revision).

8.1.2 ICFs and IPFs. The COR will inspect each ICF/IPF for completeness and compliance with contract qualification requirements. Incomplete/incorrect packages will be returned to the contractor under a memo documenting the deficiencies. Complete/correct packages will be forwarded to the Professional Affairs Coordinator (PAC) for formal credentialing action. The PAC will inform the contractor by letter or email upon approval of a package.

8.1.3 Non-credentialed/non-licensed personnel. The contractor shall submit to the COR a package of documents demonstrating the individual's compliance with contract requirements. The COR will review each package and return to the contractor under a memo stating approval or reason(s) for disapproval.

8.2 Orientation. In coordination with the supervisors for whom services are being provided, the COR shall coordinate the availability of appropriate orientation sessions and shall track and maintain records of orientation completed by contractor personnel. The COR shall ensure that all orientation is completed within the timeframes specified in the contract and notify the contractor of deficiencies.

8.3 Background checks for childcare workers. The COR shall ensure the completion by contractor personnel of background check forms, coordinate with appropriate security service to obtain requisite fingerprinting and forwarding of forms to the required law enforcement agencies, and shall maintain a file of completed background checks. The COR shall notify the MTF chain of command and the contracting officer immediately upon the receipt of an unfavorable background check.

8.4 Maintenance of Credentials.

8.4.1 The COR shall maintain a method for tracking expiring credentials, such as a database or spreadsheet. The method chosen should include at least the guidelines in this paragraph, as best implemented in accordance with MTF policy. Not less than once per month, the COR shall review the tracking file and identify any credentials due to expire within 2 months. The COR shall notify the contractor of those expiring credentials and shall advise the contractor that the affected individual will not be permitted on the staffing schedule or to provide service under the contract following expiration of credentials.

8.4.2 The COR shall maintain a record of contractor personnel compliance with health certification requirements of the contract. The COR shall notify the contractor of expired health certifications.

8.5 Contractor Shift Schedules for Personnel For Which Replacement Coverage is Required. The COR will inspect the Contractor submitted schedule for those positions for which coverage is required. The COR shall compare the schedule to the contract requirements, note deficiencies, and inform the contractor of those deficiencies. The contractor shall be required to submit an updated schedule.

8.6 Full-time versus part-time staff. The COR shall ensure that the contractor utilizes only full-time individuals when required by the contract. The COR shall also ensure that the contractor does not utilize part-time personnel in excess of any restrictions imposed thereon by a particular task order. The COR shall coordinate with the respective supervisors to monitor these requirements.

8.7 Personnel substitution. The COR shall monitor contractor compliance with clause H.6 restricting substitution of approved personnel within 60 days following the start of task order services.

8.8 Contract Discrepancy Reports (CDRs). The COR's responsibilities for documentation of contractor performance problems using the Contract Discrepancy Report (Enclosure 2) are given in paragraph IIe of the Contract Administration Plan. The COR shall maintain close communication with the supervisor(s) of contractor personnel as they will be most aware of day-to-day performance issues which may arise. CDRs shall be completed by the COR, not the supervisor. A CDR shall be completed by the COR in accordance with the Contract Administration Plan whenever there exist unresolved COR surveillance deficiencies or unresolved supervisory issues. Remember that the CDR is presented to the contractor firm's designated representative, not the contractor employee who failed to perform in accordance with the contract. That is not to say that a CDR must be completed every time there is a deviation from contract requirements. The COR or supervisor is better served by attempting to solve performance problems at the lowest level possible and in the least threatening manner possible., not by producing a CDR for every minor infraction. It is best to seek cooperative resolution, and then resort to formal documentation via a CDR if resolution cannot be reached. This approach is not intended as a license to avoid documentation of performance problems; if a problem cannot be expeditiously resolved cooperatively, the CDR process should be invoked. The CDR form is designed to produce a record of both Government and contractor positions. There is no requirement that this form be reduced to hard copy; an electronic copy attached to emails transmitted between representatives is acceptable.

## 9. SUPERVISOR RESPONSIBILITIES

9.1 The supervisor is the individual Government employee who is responsible for providing the day-to-day direction and control of the activities of the personal services healthcare worker. The supervisor(s) of contract personnel shall read and retain a copy of the contract and the specific task order under which the supervisor is receiving services. The supervisor shall recognize that the contract/task order protects the interests of both the Government and the contractor/contract personnel and that the contract prescribes duties and responsibilities for both parties.

9.2 This is a personal services contract and provides the supervisor with the ability to direct and control the day-to-day activities of the contract personnel. However, the supervisor shall be cognizant of the overall scope of the contract and the particular duties defined by the contract as being within that scope. The supervisor shall ensure that duties assigned to contract personnel are consistent with the duties prescribed by the contract.

9.3 The supervisor shall be cognizant of their responsibilities for supervision of contract personnel which may differ from their responsibilities regarding supervision of government personnel. This includes assignment of specific work hours; the task order may impose this responsibility on the supervisor or it may reserve work scheduling as a function for the contractor. The same may apply to the administration of leave for contract personnel. The task order will provide specific information regarding these functions and the supervisor shall become familiar with these provisions.

9.4 Under those task orders where the supervisor is responsible for administering leave, it must be noted that contract personnel do not fall under the government personnel system and that their leave balances will not be

maintained by a third party. Leave balances must be maintained by the supervisor. It is recommended that the supervisor coordinate with the COR to develop and maintain an effective system (likely a spreadsheet file) to track contractor leave. Further, it is essential that a system be developed between the supervisor and the contract personnel to ensure each is aware of the current balance so to avoid disputes regarding leave amounts accrued and used.

9.5 Regardless of whether the supervisor is responsible for administering leave for contract personnel, it is essential that the supervisor track the amount (hours) of service received from contract personnel. Coordination with the COR on this point is essential. The COR is responsible for certifying contractor invoices as being correct, i.e., representing the actual services received by the government. As the COR will not have day-to-day visibility on each contract site, contract individual, shifts worked, etc., it is absolutely essential that supervisors keep meticulous records of services received and establish a convenient means to transmit accurate, complete records to the COR for use in certifying invoices.

9.6 In general, and always keeping in mind the specific requirements and limitations prescribed by the contract, the supervisor is best served by supervising the contract personnel in the same manner as they supervise the government personnel on their staff. That is, the supervisor should not impose on contractor personnel burdens or privileges which are contrary to those imposed on other staff performing the same function, always, again, keeping in mind the requirements of the contract. When in the slightest doubt regarding this general guidance, the supervisor shall contact the COR for specific guidance and interpretation.

9.7 The supervisor's responsibility for supervision of contractor personnel extends to the normal feedback that should be provided to any employee regarding the quality of their performance. Contractor employees should be informed when they have done a good job and when they have not done a good job (meet, exceed or failed to meet contract requirements). Counseling sessions regarding both good performance and poor performance must be documented by the supervisor; this documentation, both positive and negative, creates a critical trail that will be used for future task order award decisions. When counseling sessions for poor performance do not have a positive effect on contractor employee performance, the supervisor must contact the COR. A copy of all counseling sessions must be provided to the COR.

9.8 The supervisor should schedule regular meetings with the COR to discuss contract progress and performance. Performance problems are always most easily handled with early recognition and a consistent corrective action system. Between regularly scheduled meetings, the supervisor should contact the COR immediately upon recognition of contract performance issues. The supervisor should attempt to handle normal day-to-day individual duty performance issues through the normal supervisory methods, but contact the COR when these individual performance issues continue without resolution or when there is a pattern of non-performance across the contract personnel.

## Enclosure 2

CONTRACT DISCREPANCY REPORT		
Contract Number:	Contract Clause:	Date:
COR Findings:		
COR (sign and date):		
Contractor Response:		
Contractor Project Manager (sign and date):		
COR Determination/Recommendation:		
COR (sign and date):		



## Enclosure 3

## REPORT ON CONTRACT PERFORMANCE

Company Or Individual's Name: \_\_\_\_\_

(IF CONTRACT IS WITH INDIVIDUAL STATE THEIR NAME)

(IF CONTRACT IS WITH A COMPANY STATE THE COMPANIES NAME)

Contract number: \_\_\_\_\_

Type of service: \_\_\_\_\_

Reporting period: \_\_\_\_\_

COR/technical liaison: \_\_\_\_\_

telephone no: \_\_\_\_\_

Supervisor of HCW: \_\_\_\_\_

telephone no: \_\_\_\_\_

Report prepared by: \_\_\_\_\_

telephone no: \_\_\_\_\_

## Definitions:

Contractor means the entity (business or individual) that has the legal duty to perform the contract.

HCW means the "Health Care Worker" who is providing the service.

Note: In contracts with individuals, the Contractor is also the HCW.

	QUALITY OF SERVICE	YES	NO	N/A
1.	Was any HCW the subject of a validated patient complaint? If yes explain:			
2.	Was any HCW the subject of an occurrence report? If yes explain:			
3.	Did the HCW(s) interact and take direction in accordance with the contract, clinical standards, and protocol? If no, explain:			
4.	Did the HCW maintain productivity and quality comparable to that of other HCWs assigned the same scope of services? If no, explain:			
5.	Were all services provided as dictated by the terms of the contract? If no, explain:			

6.	Were there any other documented problems with the quality of the services provided by an HCW? If yes, explain:			
7.	Have any HCWs been cited for commendable performance? If yes, explain:			
8.	Have any contract HCWs performed in an exemplary manner? If yes, explain:			
9.	Additional comments on Quality of Service provided:			

	SCHEDULE	YES	NO	N/A
10.	Did the Contractor submit complete credentials file/professional file information on time? If no, explain:			
11.	Did the health care workers begin performance on the date and time scheduled? If no, explain:			
12.	Did any HCW miss a shift without approved leave? If yes, explain, including number of shifts missed:			
13.	Did the Contractor submit invoices on time and in accordance with the contract? If no, explain:			
14.	Did any HCW request excessive unplanned absences during the contract year? If yes, explain. Did the absences affect work accomplishment? How many unplanned absences were there?			

15.	Did any HCW request leave without pay (LWOP) during the performance period? If yes, what were the circumstances? Did the LWOP affect work accomplishment?			
16.	Was leave requested and used in accordance with the contract? If no, explain:			
17.	Was any HCW habitually late to work? If so, how many times?			
18.	Additional comments on the Schedule of services:			

	MANAGEMENT OF KEY PERSONNEL	YES	NO	N/A
19.	Did the HCWs meet the minimum qualifications in the contract? If no, explain:			
20.	Did any of the HCWs exceed the minimum qualifications stated in the contract in a way that was beneficial to the Navy? If yes, explain:			
21.	Did the Contractor experience turnover of HCWs during the period? Was it excessive? If yes, describe the circumstances. What was the ratio of HCW turnover to total HCWs on the contract (e.g., 2 replacement hires out of a staff of 20= $2/20 = 10\%$ )?			
22.	If yes to 21 above, state the average amount of time taken for substitution of personnel from the date that one HCW left contract? Number of days:			

23.	Did the Contractor submit complete qualification packages for substitutions? If no, explain:			
24.	Were all HCW maintenance requirements (licensure, BLS, etc.) kept current during the reporting period? If no, explain:			
25.	Did any HCW experience problems obtaining pay or benefits from the Contractor during the reporting period? If no, explain:			
26.	Additional comments on the Management of Key Personnel:			

	<b>BUSINESS RELATIONSHIPS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
27.	Is the Contractor responsive to your questions and concerns? If no, explain:			
28.	Does the Contractor conduct business in a professional and courteous manner? If no, explain:			
29.	Additional comments on Business Relationships:			

## Enclosure 4

## CONTRACT ADMINISTRATION APPOINTMENT AND DUTIES

The Contracting Officer's Representative, to be appointed at the time of contract award as set forth in Section E of this contract, is hereby designated the representative of the Contracting Officer for the purpose of conducting all liaison with the contractor. Such representative is not authorized to direct or consent to any deviation from the specifications, scope of work and/or terms and conditions of this contract. Accordingly, no deviations thereto may be made without the prior written approval of the Contracting Officer.

In order to expedite administration of this contract/order, the following delineation of duties is provided including the names, addresses, e-mail addresses and phone numbers for each individual or office as specified. The individual/position designated as having responsibility should be contacted for any questions, clarifications or information regarding the functions assigned.

1. PROCURING CONTRACTING OFFICER (PCO) is responsible for:

- a. All pre-award information, questions, or data
- b. Freedom of Information inquiries
- c. Change/question/information regarding the scope,
- d. There will not be post award conference.

e. The Contracting Officer is the only person authorized to approve changes in any of the requirements of this contract and, notwithstanding provisions contained elsewhere in this contract, the said authority remains solely with the Contracting Officer. In the event the Contractor effects any change at the direction of any person other than the Contracting Officer, the change will be considered to have been made without the authority to do so and no adjustment will be made in the contract price to cover any increase in charges incurred as a result thereof.

f. The name and address of the Contract Specialist who is the point of contact prior to and after award is:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: Code 02 22T  
1681 NELSON STREET  
FORT DETRICK, MD 21702-9203  
(301) 619-2151 [No collect calls]

2. CONTRACT ADMINISTRATION OFFICE (CAO) is responsible for matters specified in FAR 42-302 and DFARS 242-302 except in those areas otherwise designated herein.

- a. The Procuring Contracting Officer will maintain contract administration.
- b. Paying Office will be included in each Task Order. Invoicing instructions and payment for services will be included in all Task Orders.
- c. CONTRACTING OFFICER REPRESENTATIVE (COR) is responsible for:
  - (1) Liaison with personnel at the Government installation and the contractor personnel on site;
  - (2) Technical advice/recommendations/clarification on the SOW;
  - (3) The SOW for delivery/task orders place under this contract;

- (4) An independent government estimate of the effort described in the definitized SOW;
- (5) Quality assurance of services performed and acceptance of the services or deliverables;
- (6) Government Furnished Property (GFP);
- (7) Security requirements on Government installation;
- (8) The contract will be administered in accordance with the Contract Administration Plan (CAP) Attachment AU.
- (9) Providing the PCO or his designated ordering officer with appropriate funds for issuance of the delivery/task order; and or;
- (10) Certification of invoice for payment;

NOTE: When, in the opinion of the contractor, the COR requests effort outside the existing scope of the contract (or delivery/task order), the contractor shall promptly notify the contracting officer (or ordering officer) in writing. No action shall be taken by the contractor under such direction, until the contracting officer has issued a modification of the delivery/task order; or until the issue has otherwise been resolved.

THE COR IS NOT AN ADMINISTRATIVE CONTRACTING OFFICER AND DOES NOT HAVE THE AUTHORITY TO DIRECT THE ACCOMPLISHMENT OF EFFORT WHICH IS BEYOND THE SCOPE OF THE SOW IN THE CONTRACT OR DELIVERY/TASK ORDER.

COR will be appointed after contract award.

In the event that the COR named above is absent due to leave, illness, or official business, all responsibilities and functions assigned to the COR will be the responsibility of the alternate COR:

Alternate COR(s) may be appointed after contract award.

Attachment AV  
Letter of Identification – Travel (EXAMPLE)

[Date]

From: Contracting Officer, Naval Medical Logistics Command (NMLC)  
To: [Name of Military Treatment Facility]

Subj: CONTRACTOR LETTER OF PROFESSIONAL IDENTIFY (COPI) AND OFFICIAL  
GOVERNMENT TRAVEL – [NAME AND SSN OF CONTRACT EMPLOYEE]

1. This letter certifies [contract employee's name] is an employee of [contractor's name], under contract number [contract number] providing services with the Department of the Navy (DON) Medical Records Coding services for the period [task order period of performance].

2. The employee must have access to military installations and temporary housing areas in order to fulfill the requirements of the contract. While on a military installation, the identified employee is subject to all the rules and regulations governing civilian personnel conduct. The employee must carry an identification card or badge at all times identifying him/her has a DON contract employee.

3. The primary duty location is in [city, state or country]. During the period of employment, the named individual may be required to travel on government business to other locations. The purpose of the travel may be to provide direct services to the Military Treatment Facility staff as medical records coders, trainers and/or auditors. This letter, accompanied by a memorandum from the supervising agency, will serve as notification of official government travel.

4. When traveling the employee must use a mode of transportation that is the most economical to accomplish the mission. Travel may be by private automobile or public conveyance such as bus, trains, or commercial airlines. The contractor will be reimbursed in accordance with the task order.

5. As a contract employee traveling on government business, the named individual may use temporary government lodging facilities, when available. The government will reimburse for the actual cost of lodging and the government established daily rate for meals at the temporary duty location. These rates are published on the world wide web at <http://dtic.mil/perdiem/pdrates.html>.

6. The undersigned is the point of contact for this matter and may be reached at DSN 343-3022 or commercial (301) 619-3022.

NMLC, Code 02, 22T  
Contracting Officer

Copy to:  
Contractor  
Contract employee

Attachment AW  
HEALTH CARE WORKER CERTIFICATE OF AVAILABILITY

HEALTH CARE WORKER CERTIFICATE OF AVAILABILITY

I, \_\_\_\_\_ [NAME OF HEALTH CARE

WORKER/PROVIDER] hereby certify that I have agreed to provide

services as a \_\_\_\_\_ under this contract

at (fill in the location) \_\_\_\_\_

as a subcontractor/employee (**CIRCLE ONE**) for

\_\_\_\_\_ [NAME OF PRIME CONTRACTOR]

for salary of \$\_\_\_\_\_ per hour (\$\_\_\_\_\_ per annum).

I am available to begin providing these services from

\_\_\_\_\_, should the above named prime

contractor be awarded this position.

\_\_\_\_\_  
Health Care Worker Signature

\_\_\_\_\_  
Date

**HEALTH CARE WORKER MUST CIRCLE EITHER SUBCONTRACTOR OR EMPLOYEE ABOVE.**

**TO BE COMPLETED BY THE OFFEROR**

If my company is awarded a Task Order, I verify that the above health care worker will be:

my employee, or

a subcontractor

Check one of the above.

\_\_\_\_\_  
Signature and title

\_\_\_\_\_  
Date



Attachment AX  
Offeror's Management Plan (Reserved)

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Attachment AY  
NOTIONAL TASK ORDER  
Family Health Center  
NMC Annapolis, MD

**1. Site of Service.** The contractor shall provide personnel for service in the Family Health Center at the Naval Medical Clinic, Annapolis, MD.

**2. Labor categories.** The contractor shall provide personnel from the following labor categories:

Pediatrician  
Physician Assistant  
Ambulatory Registered Nurse (RN)  
Pediatric RN

**3. Qualifications.** Each healthcare worker (HCW) shall adhere to the applicable qualification requirements given in Section C of the basic contract and shall meet and maintain additional qualifications given below.

a. Pediatrician.

(1) Possess and maintain board certification in pediatrics.

(2) Current certification in Pediatric Advanced Life Support (PALS).

(3) Possess a minimum of one year of full –time experience in a family practice or pediatric setting.

(4) Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

b. Physician Assistant.

(1) Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

c. Ambulatory RNs.

(1) Possess one year of full-time experience as an RN within the last three years in an outpatient environment of comparable size and complexity.

(2) One Ambulatory RN shall possess at least 1 year of conscious sedation experience in any setting.

(3) Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

d. Pediatric RN.

(1) Possess one year of full-time experience as an RN within the last three years in an outpatient environment of comparable size and complexity.

(2) Possess and maintain current Pediatric Pediatrics Advanced Life Support (PALS) certification.

(3) Possess training in allergy.

(4) Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one letter must be from a supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing the reference.

#### **4. Staffing and scheduling.**

a. The contractor shall provide one individual full-time Pediatrician, one individual full-time Physician Assistant, two individual full-time Ambulatory RNs, and one individual full-time Pediatrics RN. These Contractor healthcare practitioners MUST BE FULL-TIME INDIVIDUALS. The Commanding Officer will not privilege more than one individual for each of the required positions.

b. The Head of the Family Health Center will provide supervision of the HCWs.

c. HCWs shall provide services Monday through Friday, excluding the day of observance of Federal holidays, for 12 <sup>3</sup>/<sub>4</sub> hours between the hours of 0730 and 2000 hours which includes an uncompensated 45 minutes meal break and Saturdays from 0800 to 1200 hours. HCWs shall not work more than 80 hours in a two week period.

d. The Pediatrician and Physician Assistant will accrue 10 hours of personal leave (annual plus sick) for each 80 hours worked. The Ambulatory Care RNs and Pediatric RN will accrue 8 hours of annual leave (annual plus sick) for each 80 hours worked. HCWs shall be subject to leave approval in accordance with Section C.

e. HCWs will normally be credited for 8 hours work for each holiday (if work is required on a holiday, a paid compensatory 8-hour day off will be granted).

f. The contractor need not provide back-up coverage for the HCWs during periods of approved leave and holidays.

g. The contractor shall make every effort to minimize turnover and, notwithstanding contractor employee probation policies, shall recruit only HCWs who indicates interest in a long-term commitment under the task order.

h. The contractor shall provide a copy of the 1-month staff schedule to the COR prior to the 20<sup>th</sup> of each month. A minimum 72-hour notice of changes to the work schedule is required. The 72-hour notice will be waived for emergency situations such as sudden illness or accident.

**5. Duties.** HCWs shall perform all applicable duties given in Section C of the basic contract and the following additional duties:

a. Pediatrician.

(1) Order or execute various tests, analyses, and diagnostic images to provide information on patient's condition.

(2) Analyze reports and findings of tests and examination, and diagnose and counsel patients as indicated.

(3) Inoculate and vaccinate patient to immunize patients from communicable diseases.

b. Ambulatory RNs.

(1) Provide professional nursing care and related nursing services to eligible beneficiaries in an ambulatory care clinic setting.

(2) Make independent nursing practice decisions to plan, organize, develop, and implement methods of providing quality nursing care/nursing service in an ambulatory care setting.

(3) Provide individual, group, and family/significant other counseling and health teaching in relation to the patient's condition and his/her ability for self-care. Provide for accessibility to various literature resources dealing with subjects related to specific patient health problems. Provide physical and psychological support to patients and significant others, explaining procedures and treatments, and promotes cooperation among staff, patients, and significant others.

(4) Maintain liaison with allied health care professionals and community referral services. Coordinates patient health care needs with appropriate referrals as indicated.

(5) Maintain link with professional organizations and nursing standards relevant to ambulatory care. Implements nursing care in the ambulatory setting using these standards.

(6) Liaison with appropriate inpatient units as an advocate for continuity of care planning, follow-up, and outcome measurement.

(7) Possess age specific knowledge and competency appropriate to setting population.

(8) Promotes health maintenance and preventive health initiatives in caring for patients in the ambulatory setting.

(9) Collaborate in the planning, organizing, and directing of clinical operations to include providing technical supervision to paraprofessional nursing staff. Possess knowledge of basic management theory as applicable to the ambulatory care setting.

(10) Collaborates in the review and revision of clinic standing operating procedures.

(11) Performs phone triage based on accepted protocols and assists as needed in accessing appropriate ambulatory/emergency care for beneficiaries.

c. Pediatrics RN.

(1) Assist in quality assurance and quality improvement program.

(2) Assist or act as Patient Contact Representative.

(3) Provide a safe, clean environment for each patient.

(4) Assist in planning, supervising and instructing Licensed Practical/Vocational Nurse (LPN/LVN), nursing assistants and other clinical support personnel as appropriate.

ATTACHMENT AZ  
Current Task Order Prices for MATO Contract Task Orders

<b>Contract #</b>	<b>TASK Order #</b>	<b>Description</b>	<b>Location</b>	<b>Expiration Date</b>	<b>Unit Price</b>
<b>N62645-01-D-5005</b>					
01-D-5005	OO09	Pharmacist	NNMC	30-Sep-05	\$68.91
01-D-5005	OO10	Licensed Clinical Social Worker	NNMC	30-Sep-05	\$33.43
01-D-5005	OO11	Mammo Tech	NNMC	30-Sep-05	\$42.54
01-D-5005	OO12	Med Lab Tech	NNMC	30-Sep-05	\$24.98
01-D-5005	OO13	Licensed Clinical Social Worker	NNMC	30-Sep-05	\$33.43
<b>N62645-01-D-5006</b>					
01-D-5006	OO09	Respiratory Therapist	NNMC	30-Sep-05	\$40.56
<b>N62645-01-D-5007</b>					
01-D-5007	OO29	RN Case Mgr / Clinical Social Worker	Annapolis	30-Sep-05	\$35.79/31.22
01-D-5007	OO30	RN Case Mgr / Clinical Social Worker	NNMC	30-Sep-05	\$41.95/33.67
01-D-5007	OO31	RN Case Mgr / Clinical Social Worker	Pax River	30-Sep-05	\$40.24/33.80
01-D-5007	OO32	MRI Technologist / CS Tech	NNMC	30-Sep-05	\$48.67/28.13
01-D-5007	OO33	Pharmacist	Quantico	30-Sep-05	\$50.17
01-D-5007	OO34	RN Case Mgr / Clinical Social Worker	NNMC	30-Sep-05	\$57.51
01-D-5007	OO35	Rad Technologist / CT Technologist	NNMC	30-Sep-05	\$40.15/44.56
01-D-5007	OO36	OB RNCM	Pax River	30-Sep-05	\$41.64
01-D-5007	OO37	RNCM / CSW / RNCM Orientation / CSW Orientation	Quantico	30-Sep-05	\$39.84/37.40/
01-D5007	OO38	Rad Technologist / CT Technologist	NNMC	30-Sep-05	\$40.15/44.56

ATTACHMENT BA  
FOR GROTON CT: 94-2088 CT,HARTFORD

WAGE DETERMINATION NO: 94-2088 REV (22) AREA: CT,HARTFORD

HEALTH AND WELFARE LEVEL - TOTAL BENEFIT \*\*OTHER WELFARE LEVEL WD:94-2087

\*\*\*\*\*

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR  
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION  
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION  
WASHINGTON D.C. 20210

William W.Gross | Division of | Revision No.: 22  
Director | Wage Determinations | Date Of Revision: 07/08/2004  
| Wage Determination No.: 1994-2088

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Applicable in the state of Connecticut in the Hartford Standard Metropolitan  
Statistical Area as follows:

HARTFORD COUNTY - Avon Town, Bloomfield Town, Canton Town, East Granby Town, East  
Hartford Town, East Windsor Town, Enfield Town, Farmington Town, Glastonbury Town,  
Granby Town, Hartford City, Manchester Town, Marlborough Town, Newington Town, Rocky  
Hill Town, Simsbury Town, South Windsor Town, Suffield Town, West Hartford Town,  
Wethersfield Town, Windsor Town, Windsor Locks Town

LITCHFIELD COUNTY - New Hartford Town

MIDDLESEX COUNTY - Cromwell Town, East Hampton Town, Portland Town

NEW LONDON COUNTY - Colchester Town

TOLLAND COUNTY - Andover City, Bolton Coty, Columbia Town, Coventry City, Ellington  
City, Hebron Town, Stafford Town, Tolland Town, Vernon City, Willington Town

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\*\*Fringe Benefits Required Follow the Occupational Listing\*\*

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
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12000 - Health Occupations	
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12020 - Dental Assistant	15.97
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12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	15.97
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12071 - Licensed Practical Nurse I	13.33
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12072 - Licensed Practical Nurse II	14.96
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12073 - Licensed Practical Nurse III	16.73
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12100 - Medical Assistant	13.60
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12130 - Medical Laboratory Technician	14.97
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12160 - Medical Record Clerk	14.16
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12190 - Medical Record Technician	15.36
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12221 - Nursing Assistant I	9.52
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12222 - Nursing Assistant II	10.69
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12223 - Nursing Assistant III	11.66
12224 - Nursing Assistant IV	13.08
12250 - Pharmacy Technician	12.19
12280 - Phlebotomist	13.08
12311 - Registered Nurse I	19.75
12312 - Registered Nurse II	24.17
12313 - Registered Nurse II, Specialist	24.17
12314 - Registered Nurse III	29.24
12315 - Registered Nurse III, Anesthetist	29.24
12316 - Registered Nurse IV	35.01

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

**HEALTH & WELFARE:** Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans. Minimum employer contributions costing an average of \$2.59 per hour computed on the basis of all hours worked by service employees employed on the contract.

**VACATION:** 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, 4 weeks after 15 years, and 5 weeks after 25 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

**HOLIDAYS:** A minimum of eleven paid holidays per year: New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

- 1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)
- 2) **APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL:** An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.
- 3) **WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**HAZARDOUS PAY DIFFERENTIAL:** An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

All terms and conditions of this Collective Bargaining Agreement apply EXCLUDING Section 41.02 of this agreement.



Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the

request.

5) The contracting officer transmits the Wage and Hour decision to the contractor.

6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

ATTACHMENT BB  
FOR GREAT LAKES IL: 94-2167 IL,CHICAGO

WAGE DETERMINATION NO: 94-2167 REV (27) AREA: IL,CHICAGO

HEALTH AND WELFARE LEVEL - INSURANCE ONLY \*\*OTHER WELFARE LEVEL WD:94-2168

\*\*\*\*\*

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR  
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION  
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION  
WASHINGTON D.C. 20210

William W.Gross | Division of | Revision No.: 27  
Director | Wage Determinations | Date Of Revision: 06/22/2004

State: Illinois

Area: Illinois Counties of Cook, De Kalb, Du Page, Kane, Lake, Lee, McHenry

**\*\*Fringe Benefits Required Follow the Occupational Listing\*\***

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
-------------------------	-------------------

12000 - Health Occupations	
12020 - Dental Assistant	12.56
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	15.75
12071 - Licensed Practical Nurse I	12.79
12072 - Licensed Practical Nurse II	14.36
12073 - Licensed Practical Nurse III	16.07
12100 - Medical Assistant	12.55
12130 - Medical Laboratory Technician	14.95
12160 - Medical Record Clerk	14.29
12190 - Medical Record Technician	14.36
12221 - Nursing Assistant I	8.66
12222 - Nursing Assistant II	9.73
12223 - Nursing Assistant III	10.14
12224 - Nursing Assistant IV	11.76
12250 - Pharmacy Technician	12.72
12280 - Phlebotomist	11.22
12311 - Registered Nurse I	20.30
12312 - Registered Nurse II	26.75
12313 - Registered Nurse II, Specialist	26.75
12314 - Registered Nurse III	32.36
12315 - Registered Nurse III, Anesthetist	32.36
12316 - Registered Nurse IV	37.03

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$2.59 an hour or \$103.60 a week or \$448.93 a month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and

incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such

conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

ATTACHMENT BC  
FOR ANNAPOLIS MD: 94-2247 MD,BALTIMORE

WAGE DETERMINATION NO: 94-2247 REV (25) AREA: MD,BALTIMORE

HEALTH AND WELFARE LEVEL - INSURANCE ONLY \*\*OTHER WELFARE LEVEL WD:94-2248

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REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR  
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION  
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION  
WASHINGTON D.C. 20210

William W.Gross | Division of | Revision No.: 25  
Director | Wage Determinations | Date Of Revision: 05/27/2004

State: Maryland

Area: Maryland Counties of Anne Arundel, Baltimore, Baltimore City, Carroll,  
Harford, Howard

\*\*Fringe Benefits Required Follow the Occupational Listing\*\*

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
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12000 - Health Occupations	
12020 - Dental Assistant	14.07
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	14.14
12071 - Licensed Practical Nurse I	16.10
12072 - Licensed Practical Nurse II	18.15
12073 - Licensed Practical Nurse III	19.92
12100 - Medical Assistant	12.11
12130 - Medical Laboratory Technician	15.28
12160 - Medical Record Clerk	12.76
12190 - Medical Record Technician	15.20
12221 - Nursing Assistant I	9.30
12222 - Nursing Assistant II	10.45
12223 - Nursing Assistant III	11.23
12224 - Nursing Assistant IV	12.61
12250 - Pharmacy Technician	12.45
12280 - Phlebotomist	12.61
12311 - Registered Nurse I	24.92
12312 - Registered Nurse II	28.66
12313 - Registered Nurse II, Specialist	28.66
12314 - Registered Nurse III	32.86
12315 - Registered Nurse III, Anesthetist	32.86
12316 - Registered Nurse IV	37.79

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$2.59 an hour or \$103.60 a week or \$448.93 a month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 8 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the



employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

**Source of Occupational Title and Descriptions:**

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

**Conformance Process:**

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage

determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

ATTACHMENT BD  
Attachment BD  
FOR BETHESDA MD: 94-2104 DC,DISTRICT-WIDE

WAGE DETERMINATION NO: 94-2104 REV (23) AREA: DC,DISTRICT-WIDE

HEALTH AND WELFARE LEVEL - TOTAL BENEFIT \*\*OTHER WELFARE LEVEL WD:94-2103

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REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR  
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION  
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION  
WASHINGTON D.C. 20210

William W.Gross | Division of | Revision No.: 23  
Director | Wage Determinations | Date Of Revision: 06/11/2004

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide  
Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St  
Mary's  
Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King  
George, Loudoun, Prince William, Stafford

\*\*Fringe Benefits Required Follow the Occupational Listing\*\*

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
12000 - Health Occupations	
12020 - Dental Assistant	16.90
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	14.39
12071 - Licensed Practical Nurse I	15.86
12072 - Licensed Practical Nurse II	17.79
12073 - Licensed Practical Nurse III	19.92
12100 - Medical Assistant	12.94
12130 - Medical Laboratory Technician	16.07
12160 - Medical Record Clerk	13.60
12190 - Medical Record Technician	14.97
12221 - Nursing Assistant I	9.31
12222 - Nursing Assistant II	10.48
12223 - Nursing Assistant III	11.94
12224 - Nursing Assistant IV	13.40
12250 - Pharmacy Technician	11.84
12280 - Phlebotomist	12.33
12311 - Registered Nurse I	24.92
12312 - Registered Nurse II	28.94
12313 - Registered Nurse II, Specialist	28.94
12314 - Registered Nurse III	34.48
12315 - Registered Nurse III, Anesthetist	34.48

12316 - Registered Nurse IV

41.33

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

**HEALTH & WELFARE:** Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans. Minimum employer contributions costing an average of \$2.59 per hour computed on the basis of all hours worked by service employees employed on the contract.

**VACATION:** 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

**HOLIDAYS:** A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) **APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL:** An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) **WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**HAZARDOUS PAY DIFFERENTIAL:** An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordinance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

#### Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide

classifications listed in the wage determination.

Attachment BF  
FOR NEWPORT RI: 94-2468 RI,STATEWIDE

WAGE DETERMINATION NO: 94-2468 REV (20) AREA: RI,STATEWIDE

HEALTH AND WELFARE LEVEL - TOTAL BENEFIT \*\*OTHER WELFARE LEVEL WD:94-2467

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REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR  
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION  
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION  
WASHINGTON D.C. 20210

William W.Gross | Division of | Revision No.: 20  
Director | Wage Determinations | Date Of Revision: 08/11/2004  
Wage Determination No.: 1994-2468

This wage determination applies to the entire state of RHODE ISLAND Excluding the cities and towns in PROVIDENCE county listed below:

PROVIDENCE County: Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Smithfield, and Woonsocket.

\*\*Fringe Benefits Required Follow the Occupational Listing\*\*

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
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12000 - Health Occupations	
12020 - Dental Assistant	15.17
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	12.82
12071 - Licensed Practical Nurse I	12.12
12072 - Licensed Practical Nurse II	13.60
12073 - Licensed Practical Nurse III	15.21
12100 - Medical Assistant	11.16
12130 - Medical Laboratory Technician	13.60
12160 - Medical Record Clerk	10.25
12190 - Medical Record Technician	14.21
12221 - Nursing Assistant I	8.50
12222 - Nursing Assistant II	9.56
12223 - Nursing Assistant III	10.44
12224 - Nursing Assistant IV	11.70
12250 - Pharmacy Technician	12.19
12280 - Phlebotomist	11.77
12311 - Registered Nurse I	18.05
12312 - Registered Nurse II	22.09
12313 - Registered Nurse II, Specialist	22.09
12314 - Registered Nurse III	26.73
12315 - Registered Nurse III, Anesthetist	26.73
12316 - Registered Nurse IV	32.02



ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

**HEALTH & WELFARE:** Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans. Minimum employer contributions costing an average of \$2.59 per hour computed on the basis of all hours worked by service employees employed on the contract.

**VACATION:** 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 10 years, and 4 after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

**HOLIDAYS:** A minimum of eleven paid holidays per year: New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) **APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL:** An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) **WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**HAZARDOUS PAY DIFFERENTIAL:** An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials

which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

Under the policy and guidance contained in All Agency Memorandum No. 159, the Wage and Hour Division does not recognize, for section 4(c) purposes, prospective wage rates and fringe benefit provisions that are effective only upon such contingencies as "approval of Wage and Hour, issuance of a wage determination, incorporation of the wage determination in the contract, adjusting the contract price, etc." (The relevant CBA section) in the collective bargaining agreement between (the parties) contains contingency language that Wage and Hour does not recognize as reflecting "arm's length negotiation" under section 4(c) of the Act and 29 C.F.R. 5.11(a) of the regulations. This wage determination therefore reflects the actual CBA wage rates and fringe benefits paid under the predecessor contract.

**Source of Occupational Title and Descriptions:**

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained

from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

Attachment BG  
94-2103 DC,DISTRICT-WIDE

WAGE DETERMINATION NO: 94-2103 REV (32) AREA: DC,DISTRICT-WIDE

HEALTH AND WELFARE LEVEL - INSURANCE ONLY \*\*OTHER WELFARE LEVEL WD:94-2104

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REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR  
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION  
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION  
WASHINGTON D.C. 20210

William W.Gross | Division of | Wage Determination No.: 1994-2103  
Director | Wage Determinations | Revision No.: 32  
Date Of Revision: 05/27/2004

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States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide  
Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St  
Mary's  
Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King  
George, Loudoun, Prince William, Stafford

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\*\*Fringe Benefits Required Follow the Occupational Listing\*\*

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
12000 - Health Occupations	
12020 - Dental Assistant	16.90
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	14.39
12071 - Licensed Practical Nurse I	15.86
12072 - Licensed Practical Nurse II	17.79
12073 - Licensed Practical Nurse III	19.92
12100 - Medical Assistant	12.94
12130 - Medical Laboratory Technician	16.07
12160 - Medical Record Clerk	13.60
12190 - Medical Record Technician	14.97
12221 - Nursing Assistant I	9.31
12222 - Nursing Assistant II	10.48
12223 - Nursing Assistant III	11.94
12224 - Nursing Assistant IV	13.40
12250 - Pharmacy Technician	11.84
12280 - Phlebotomist	12.33
12311 - Registered Nurse I	24.92
12312 - Registered Nurse II	28.94
12313 - Registered Nurse II, Specialist	28.94
12314 - Registered Nurse III	34.48
12315 - Registered Nurse III, Anesthetist	34.48
12316 - Registered Nurse IV	41.33

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$2.59 an hour or \$103.60 a week or \$448.93 a month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

- 1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)
- 2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.
- 3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the

like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

**Source of Occupational Title and Descriptions:**

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REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

**Conformance Process:**

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted

classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.



Attachment BH:  
WASHINGTON D.C.: 94-2104 DC,DISTRICT-WIDE

WAGE DETERMINATION NO: 94-2104 REV (23) AREA: DC,DISTRICT-WIDE

HEALTH AND WELFARE LEVEL - TOTAL BENEFIT \*\*OTHER WELFARE LEVEL WD:94-2103

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REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR  
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION  
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION  
WASHINGTON D.C. 20210

William W.Gross Division of | Wage Determination No.: 1994-2104  
Director Wage Determinations | Revision No.: 23  
Date Of Revision: 06/11/2004

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States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide  
Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St  
Mary's  
Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King  
George, Loudoun, Prince William, Stafford

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\*\*Fringe Benefits Required Follow the Occupational Listing\*\*

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
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12000 - Health Occupations	
12020 - Dental Assistant	16.90
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	14.39
12071 - Licensed Practical Nurse I	15.86
12072 - Licensed Practical Nurse II	17.79
12073 - Licensed Practical Nurse III	19.92
12100 - Medical Assistant	12.94
12130 - Medical Laboratory Technician	16.07
12160 - Medical Record Clerk	13.60
12190 - Medical Record Technician	14.97
12221 - Nursing Assistant I	9.31
12222 - Nursing Assistant II	10.48
12223 - Nursing Assistant III	11.94
12224 - Nursing Assistant IV	13.40
12250 - Pharmacy Technician	11.84
12280 - Phlebotomist	12.33
12311 - Registered Nurse I	24.92
12312 - Registered Nurse II	28.94
12313 - Registered Nurse II, Specialist	28.94
12314 - Registered Nurse III	34.48
12315 - Registered Nurse III, Anesthetist	34.48

12316 - Registered Nurse IV

41.33

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

**HEALTH & WELFARE:** Life, accident, and health insurance plans, sick leave, pension plans, civic and personal leave, severance pay, and savings and thrift plans. Minimum employer contributions costing an average of \$2.59 per hour computed on the basis of all hours worked by service employees employed on the contract.

**VACATION:** 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

**HOLIDAYS:** A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) **APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL:** An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) **WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**HAZARDOUS PAY DIFFERENTIAL:** An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordinance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

#### Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide

classifications listed in the wage determination.

## Section K - Representations, Certifications and Other Statements of Offerors

### CERTIFICATIONS - ORCA

#### Online Representations and Certifications Application (ORCA)

Beginning January 1, 2005, the Federal Acquisition Regulation (FAR) will require the use of the Online Representations and Certifications Application (ORCA) in Federal solicitations as a part of the quote submission process. ORCA is a web-based system that centralizes and standardizes the collection, storage and viewing of many of the FAR required representations and certifications previously found in solicitations. With ORCA, you now have the ability to enter and maintain your representation and certification information, at your convenience, via the Internet at <http://orca.bpn.gov>. In addition, rather than receiving and reviewing paper submissions, government contracting officials can access ORCA and review your information online as a part of the quote evaluation process. You will no longer have to submit representations and certifications completed in ORCA with each offer. Instead, a solicitation will contain a single provision that will allow you to either certify that all of your representations and certifications in ORCA are current, complete and accurate as of the date of your signature, or list any changes.

Although architect-engineer firms can voluntarily submit the Standard Form (SF) 330 Part II through ORCA, they still must submit this form to each agency for which it wants to be considered for projects that are not publicly announced.

To prepare for this requirement and to register in ORCA, you will need to have two items: an active Central Contractor Registration (CCR) record and a Marketing Partner Identification Number (MPIN) identified in that CCR record. Your DUNS number and MPIN act as your company's ID and password into ORCA. (Visit [www.ccr.gov](http://www.ccr.gov) for more information on creating and entering your MPIN). The basic information provided in your CCR record is used to pre-populate a number of fields in ORCA. Vendors are reminded to protect their MPIN from unauthorized use.

Once in ORCA you will be asked to review pertinent information pre-populated from CCR, provide a point of contact, and answer a questionnaire that contains up to 26 questions. The questionnaire is to help you gather information you need for the clauses. The questionnaire is not the official version. Be sure to read the provisions carefully.

The answers you provide are then automatically entered into the actual FAR provisions. You are required to review your information, as inserted, in context of the full-text provisions for accuracy; acknowledge three additional read-only provisions; and click a time/date stamp before final submission. You will need to review and/or update your ORCA record when necessary, but at least annually in order to maintain its active status.

Detailed information regarding ORCA, how to submit your record, and whom to call for assistance can be found on ORCA's homepage at <http://orca.bpn.gov> under "Help."

**Section K - ORCA Signature Sheet**

## Online Representations and Certifications Application (ORCA)

I certify that all of the representations and certifications completed in ORCA are current, complete and accurate as of the date of my signature provided on the SF33, Solicitation Offer and Award for RFP # N62645-05-R-0009.

---

Signature

---

Date

---

Title

---

Organization

---

E-Mail Address

---

Phone

OR

I certify that all of the representations and certifications completed in ORCA are current, complete and accurate as of the date of my signature provided on the SF33, Solicitation Offer and Award for RFP # N62645-05-R-0009 with the exception of the following:

(list any changes)

---

Signature

---

Date

---

Title

---

Organization

---

E-Mail Address

---

Phone

## CLAUSES INCORPORATED BY REFERENCE

52.222-24	Preaward On-Site Equal Opportunity Compliance Evaluation	FEB 1999
252.209-7001	Disclosure of Ownership or Control by the Government of a Terrorist Country	SEP 2004
252.247-7022	Representation Of Extent Of Transportation Of Supplies By Sea	AUG 1992

## CLAUSES INCORPORATED BY FULL TEXT

## 52.204-8 ANNUAL REPRESENTATIONS AND CERTIFICATIONS (JAN 2005)

(a)(1) If the clause at 52.204-7, Central Contractor Registration, is included in this solicitation, paragraph (b) of this provision applies.

(2) If the clause at 52.204-7 is not included in this solicitation, and the offeror is currently registered in CCR, and has completed the ORCA electronically, the offeror may choose to use paragraph (b) of this provision instead of completing the corresponding individual representations and certifications in the solicitation. The offeror shall indicate which option applies by checking one of the following boxes:

☒ Paragraph (b) applies.

☐ Paragraph (b) does not apply and the offeror has completed the individual representations and certifications in the solicitation.

(b) The offeror has completed the annual representations and certifications electronically via the Online Representations and Certifications Application (ORCA) website at <http://orca.bpn.gov>. After reviewing the ORCA database information, the offeror verifies by submission of the offer that the representations and certifications currently posted electronically have been entered or updated within the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201); except for the changes identified below [offeror to insert changes, identifying change by clause number, title, date]. These amended representation(s) and/or certification(s) are also incorporated in this offer and are current, accurate, and complete as of the date of this offer.

FAR Clause	Title	Date	Change
-----	-----	-----	-----

Any changes provided by the offeror are applicable to this solicitation only, and do not result in an update to the representations and certifications posted on ORCA.

(End of Provision)



## Section L - Instructions, Conditions and Notices to Bidders

INSTRUCTIONS AND CONDITIONS

## SECTION L INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

## L.1 SUBMISSION OF COST OR PRICING DATA

a. It is expected that this contract will be awarded based upon a determination that there is adequate price competition; therefore, the offeror is not required to submit additional cost or price data (beyond that required by Section L.2) or to certify cost or pricing data with its proposal.

b. If, after receipt of the proposals, the Contracting Officer determines that adequate price competition does not exist in accordance with FAR 15.403-3 and 15.403-4, the offeror shall provide other information requested at that time to determine fair and reasonableness of price or cost realism, or certified cost or pricing data as requested by the Contracting Officer.

## L.2 PROPOSAL CONTENT AND INSTRUCTIONS FOR PREPARATION OF PROPOSALS

L.2.1 Introduction and Purpose - This section specifies the format and content that offerors shall use in this Request for Proposal (RFP). The intent is not to restrict the offerors in the manner in which they will perform their work but rather to ensure a certain degree of uniformity in the format of the responses for evaluation purposes. Offerors must submit a proposal that is legible and comprehensive enough to provide the basis for a sound evaluation by the Government. Information provided should be precise, factual, and complete. Legibility, clarity, completeness, and responsiveness are of the utmost importance. Proposals shall be in the form prescribed by, and shall contain a response to, each of the areas identified in Section L.2. Any proposal which does not provide, as a minimum, that which is required in this solicitation may be determined to be substantially incomplete and not warrant any further consideration. A complete proposal, including both Technical and Business, shall be submitted by the closing date specified in Standard Form 33 of the solicitation.

L.2.2 Volume I: Technical Proposal. The Technical Proposal shall be in two parts: 1) Past Performance and 2) Management Planning and Market Research. In accordance with electronic submission requirements given in this section, the offeror shall submit the following:

## a. Past Performance

(1) The offeror shall provide information about not more than five of their previous/current contracts that are relevant to the requirements of the solicitation, considering both minimum quantities and maximum quantities. The government will evaluate ONLY the first five submissions. In order to be considered relevant, the services must have been provided within the last 5 years. The more closely the previous/current contract services match the solicitation requirements in terms of the range of labor categories/ clinical areas provided and the total number of personnel provided, the more relevant the contract will be considered. The offeror may include contracts that demonstrate the prior experience of corporate officials or subcontractors/teaming partners who will be performing in support of the contract resulting from this solicitation; such contracts shall be clearly notated to show the relationship of the past performance entry to the offeror.

(2) IF THE OFFEROR HAS NO RELEVANT PAST PERFORMANCE, they shall affirmatively state that they possess no relevant past performance.

(3) The offeror's past performance information must include the following information on each contract:

(a) The contract number.

(b) A brief description of services provided under the contract. IF RELEVANCE IS NOT APPARENT, provide supplemental information to clearly demonstrate the relevance.

(c) The number and type of health care workers provided, e.g., 2 dentists; 3 dental laboratory technicians. List all categories provided under the contract.

(d) Location(s) of services provided.

(e) Dates of services provided.

(f) Name, organization, and telephone number of a VERIFIED point of contact at the entity where services were provided. (The Government will be contacting the points of contact to obtain verification and rating of past performance information.)

(g) The number, type and severity of any quality, delivery or price problems in performing the contract, the corrective action taken, and the effectiveness of the corrective action.

(h) Additional information. A discussion of noteworthy successes, accomplishments, awards, or commendations achieved during the referenced experience and any other information the offeror considers relevant to its corporate experience.

b. Management Planning and Market Research. The offeror shall provide a persuasive written discussion demonstrating their contract management capabilities; the discussion shall be specific to the requirements of the solicitation. The plan shall discuss the corporate personnel, by name and title, who will be responsible for contract start-up and the ongoing administration of key functional areas, such as recruitment and scheduling. The plan shall describe the range of responsibilities for each individual and should discuss how the qualifications and experience of each individual will contribute to successful contract operations. The offeror shall discuss their knowledge of the marketplaces represented in the solicitation and discuss how marketplace conditions will impact their ability to recruit and retain required health care workers. Without revealing the prices submitted in response to this solicitation, the offeror shall demonstrate their market research and discuss how they have applied their marketplace knowledge in development of their proposal.

c. Offerors are cautioned not to include any pricing or cost information in any portion their technical proposal. Note that this exclusion does not apply to presentation of the results of the offeror's recruitment market survey or price information for Past Performance contracts.

d. Credentials packages shall not be proposed at this time for specific health care workers for the minimum quantities. However, awardees will be required to propose specific personnel and provide documentary evidence of minimum requirements fulfillment within 30 days of Task Order award for those health care workers proposed to satisfy the minimum quantities.

L.2.3 Volume II: Business Proposal. In accordance with electronic submission requirements given in this section, the offeror shall submit the following:

a. Completed Standard Form 33.

b. Acknowledgment of any amendments issued by the Government prior to the receipt of proposals.

c. Completed SECTION K – Representations, Certifications and Other Statements of Offerors of this Solicitation. The offeror shall complete the annual representations and certifications electronically through the Online Representations and Certifications Application (ORCA) at <http://orca.bpn.gov> and submit a signed copy of the certificate in Section K.

d. Completed business proposal containing a completed copy of each of the following:

(1) Section B, pricing for each minimum quantity Lot shown.

(2) Section J, pricing for the Notional Task Order.

(3) Supplemental Pricing Worksheets (sample at Section J, Attachment AT) for each Line Item within each minimum quantity Lot shown in Section B and the notional task order shown in Section J, i.e., the offeror shall submit a separate Supplemental Pricing Worksheet for each uniquely priced Line Item. **ONLY PRICES FOR THE MINIMUM QUANTITY LINE ITEMS AND THE NOTIONAL TASK ORDER ARE REQUIRED WITH THE INITIAL PROPOSAL.** The offeror shall include a copy of all sources, including market surveys, used for the bases of proposed compensation rates and benefits.

(4) A price must be proposed for each minimum quantity Lot in Section B and for the notional task order in Section J. Multiple awards of the minimum quantity Lots in Section B are contemplated as a result of this solicitation. The Notional Task Order in Section J will not be awarded and is for evaluation purposes only.

#### L.2.4 ELECTRONIC FILE SUBMISSION

a. The Technical Proposal and Business Proposal shall be submitted by mail in electronic format as files on 3.5” diskettes or on CD-ROMs. Files shall be in Microsoft Office for Windows format, either .doc or .xls files as specified herein.

b. For the mailed diskettes or CD-ROMs, two identical sets of diskettes or CD-ROMs shall be submitted. Within each set, there shall be one diskette/CD-ROM for the Technical Proposal and one diskette/CD-ROM for the Business Proposal. Each diskette/CD-ROM shall be labeled as to the name of the offeror and the contents of the diskette/CD-ROM.

##### c. Technical Proposal

(1) The Past Performance and Management Planning and Market Research files shall be submitted on a Technical Proposal diskette/CD-ROM and shall be named: [name of offeror] Technical Proposal.doc.

(2) Each Technical Proposal file shall be a Microsoft Word for Windows file (.doc) with 1 inch margins all around, Times New Roman font of not less than 10 pitch. Each page of each document shall have a footer indicating the name of the offeror and “page X of Y.”

(3) The sum total of the pages submitted for the Technical Proposal (combined count of Past Performance and Management Planning and Market Research) SHALL NOT EXCEED 30 PAGES.

##### d. Business Proposal

(1) Standard Form 33. This form will be provided to the offeror electronically as part of the solicitation package. It shall be appropriately completed, signed, and mailed in hard copy.

(2) Acknowledgment of any amendments. Each amendment shall be signed and returned by mail.

(3) Section K - Representations, Certifications and Other Statements of Offerors of this Solicitation. The offeror shall complete the annual representations and certifications electronically through the Online Representations and Certifications Application (ORCA) at <http://orca.bpn.gov> and submit a signed copy of the certificate in Section K.

(4) Section B and Supplemental Pricing Worksheets. A group of electronic files (one for each Lot included in the minimum contract quantities and one for the notional task order) will be provided to the offeror electronically as part of the solicitation package. The files will be named “Lot [number of Lot] (or NTO) business proposal.xls”. The offeror shall complete all pricing and supplemental pricing information required on the various tabs included in each of the electronic files. Blue boxes designate those fields into which the offeror can enter data. The completed

files shall be submitted on a Business Proposal diskette/CD-ROM. The files shall be renamed: [name of offeror] Lot [number of Lot] (or NTO) business proposal.xls.

(5) Source Information. Source information for each Supplemental Pricing Worksheet shall be provided at the bottom of each Supplemental Pricing Worksheet following the notation "Source Information Notes."

e. The offeror is responsible for ensuring that submitted diskettes/CD-ROMs are not physically damaged nor contain corrupted files such that they are not readable by the Government. The offeror shall ensure that the two sets of diskettes/CD-ROMs are identical.

### L.3 PROPOSAL EVALUATION

a. The combination of Technical Proposal factors (Past Performance, and Management Planning and Market Research) are significantly more important than the combined Business Proposal evaluation factors (Completeness, Reasonableness, and Realism).

b. The Government reserves the right to award without discussions. It should be noted that award may be made to other than the lowest priced offer. Offerors are cautioned that each initial offer should contain the offeror's best terms.

c. The Government may set the competitive range following evaluation of technical and business proposals and conduct discussions with remaining offerors. Discussions may be in person, by telephone, or in writing at the discretion of the contracting officer.

d. The minimum quantity PER CONTRACT awarded will be AT LEAST ONE LOT from those shown in Section B, covering various periods of performance between 12 Sep 05 and 30 Sept 06. The Government will determine which positions are awarded to each successful offeror (via Task Order) at the time of award of the basic contract. Task Orders for the minimum quantities will be issued concurrent with the award of each contract. Task Orders issued after the minimum quantities are satisfied will be priced individually at the time of Task Order proposal request (see Section H for Task Order procedures).

#### L.3.1 Volume I. Technical Proposal Evaluation.

Technical Proposals submitted in response to this solicitation will be evaluated in accordance with the two technical factors listed below. Past performance is significantly more important than Management Planning and Market Research.

##### a. Past Performance Information

(1) The Government will first evaluate the offeror's past performance information to determine whether the company has relevant past performance. In doing so the Government will examine the age of the previous/current contracts, the range of labor categories provided, the clinical settings in which the past performance occurred, and the numbers of personnel provided.

(2) Based on the quantity and quality of the offeror's past performance, and giving greater consideration to past performance that is more relevant to the RFP, the Government will assess the risk to the Government of future non-performance of solicitation requirements by the offeror.

(3) The Government will not restrict its past performance evaluation to information submitted by offeror but will also consider any other relevant information in its possession and may contact references for that information.

(4) The Government reserves the right to contact the points of contact identified in the offeror's proposal for the purpose of verifying the offeror's record of past performance.

b. Management Planning and Market Research.

(1) Based on the comprehensiveness, specificity, realism, and quality of the capabilities and knowledge demonstrated within the offeror's proposal, the Government will assess the risk to the Government of future non-performance of solicitation requirements by the offeror.

(2) The Government will not assume that the offeror possesses any capability or knowledge unless it is specified in the proposal.

L.3.2 Volume II. Business Proposal Evaluation.

Adequate price competition is expected for this acquisition. The Business Proposal will be evaluated with consideration to the following factors:

- a. COMPLETENESS. All price information required by the RFP has been submitted and tracks to Section B.
- b. REASONABLENESS. The degree to which the proposed prices compare to the prices a reasonable, prudent person would expect to incur for the same or similar services.
- c. REALISM. The offeror's Line Item prices and information provided on the Supplemental Pricing Worksheets will be used to in the evaluation of the offeror's proposal. The Contracting Officer will use the minimum compensation information to determine the price realism of the proposed compensation and the average compensation information for best value determinations. The offeror's Line Item prices and the Supplemental Pricing Worksheets will be examined to identify unusually low price estimates, understatements of costs, inconsistent pricing patterns, potential misunderstandings of the solicitation requirements, and the risk of personnel recruitment and retention problems during contract performance.

L.4. NOTIONAL TASK ORDERS

The Notional Task Order provided in Attachment AY represents a sample Task Order scenario that may, in some form, be ordered by the Government after contract award. This Notional Task Order is a sample Task Order to be used for evaluation purposes. No award will result from an offeror's proposal in response to the Notional Task Order. Notional Task Order will be evaluated in accordance with L.3.1 Volume I Technical Proposal Evaluation and L.3.2 Volume II Business Proposal Evaluation.

L.5. TECHNICAL QUESTIONS. Offerors must submit all technical questions concerning this solicitation in writing to the Contract Specialist listed below. The Naval Medical Logistics Command must receive the questions not later than 15 calendar days after the issue date (Block 5 of SF 33) of this solicitation. The Contract Specialist will answer questions that may affect offers in an amendment to the solicitation. The Contract Specialist will not disclose the source of the questions. Questions shall be referred to:

Naval Medical Logistics Command  
ATTN: Code 02 24T  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
Telephone: (301) 619-8277  
FAX (301) 619-2925  
Acquisitions@nmlc.med.navy.mil

L.6. REVIEW OF AGENCY PROTESTS

(a) The contracting activity, Naval Medical Logistics Command, will process agency protests in accordance with the requirements set forth in FAR 33.103.

(b) Pursuant to FAR 33.103, agency protests may be filed directly with the appropriate reviewing authority; or a protester may appeal a decision rendered by a Contracting Officer to the appropriate reviewing authority.

(c) The reviewing authority for the Contracting Officer is the Director of Acquisition Management, Naval Medical Logistics Command, Code 02, 1681 Nelson Street, Fort Detrick, MD 21702-9203. Agency procurement protests should clearly identify the initial adjudicating official, i.e., the, "Contracting Officer" or the, "Reviewing Official".

(d) Offerors should note this review of the Contracting Officer's decision will not extend GAO's timeliness requirements. Therefore, any subsequent protest to GAO must be filed within 10 days of knowledge of initial adverse agency action.

#### CLAUSES INCORPORATED BY REFERENCE

52.222-25 Affirmative Action Compliance

APR 1984

#### CLAUSES INCORPORATED BY FULL TEXT

52.216-1 TYPE OF CONTRACT (APR 1984)

The Government contemplates award of at least 3 multiple indefinite delivery indefinite quantity (ID/IQ) contracts resulting from this solicitation.

(End of clause)

52.252-1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998)

This solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this/these address(es):

<http://www.farsite.hil.af.mil>

(End of provision)

252.247-7002 REVISION OF PRICES (DEC 1991)

(a) "Definition. Wage adjustment", as used in this clause, means a change in the wages, salaries, or other terms or conditions of employment which --

(1) Substantially affects the cost of performing this contract;

(2) Is generally applicable to the port where work under this contract is performed; and

(3) Applies to operations by the Contractor on non-Government work as well as to work under this contract.

(b) "General." The prices fixed in this contract are based on wages and working conditions established by collective bargaining agreements, and on other conditions in effect on the date of this contract. The Contracting Officer and the Contractor may agree to increase or decrease such prices in accordance with this clause.

(c) "Demand for negotiation." (1) At any time, subject to the limitations specified in this clause, either the Contracting Officer or the Contractor may deliver to the other a written demand that the parties negotiate to revise the prices under this contract.

(2) No such demand shall be made before 90 days after the date of this contract, and thereafter neither party shall make a demand having an effective date within 90 days of the effective date of any prior demand. However, this limitation does not apply to a wage adjustment during the 90 day period.

(3) Each demand shall specify a date (the same as or subsequent to the date of the delivery of the demand) as to when the revised prices shall be effective. This date is the effective date of the price revision.

(i) If the Contractor makes a demand under this clause, the demand shall briefly state the basis of the demand and include the statements and data referred to in paragraph (d) of this clause.

(ii) If the demand is made by the Contracting Officer, the Contractor shall furnish the statements and data within 30 days of the delivery of the demand.

(d) "Submission of data." At the times specified in paragraphs (c)(3)(i) and (ii) of this clause, the Contractor shall submit --

(1) A new estimate and breakdown of the unit cost and the proposed prices for the services the Contractor will perform under this contract after the effective date of the price revision, itemized to be consistent with the original negotiations of the contract;

(2) An explanation of the difference between the original (or last preceding) estimate and the new estimate;

(3) Such relevant operating data, cost records, overhead absorption reports, and accounting statements as may be of assistance in determining the accuracy and reliability of the new estimate;

(4) A statement of the actual costs of performance under this contract to the extent that they are available at the time of the negotiation of the revision of prices under this clause; and

(5) Any other relevant data usually furnished in the case of negotiations of prices under a new contract. The Government may examine and audit the Contractor's accounts, records, and books as the Contracting Officer considers necessary.

(e) "Negotiations." (1) Upon the filing of the statements and data required by paragraph (d) of this clause, the Contractor and the Contracting Officer shall negotiate promptly in good faith to agree upon prices for services the Contractor will perform on and after the effective date of the price revision.

(2) If the prices in this contract were established by competitive negotiation, they shall not be revised upward unless justified by changes in conditions occurring after the contract was awarded.

(3) The agreement reached after each negotiation will be incorporated into the contract by supplemental agreement.

(f) "Disagreements." If, within 30 days after the date on which statements and data are required pursuant to paragraph (c) of this clause, the Contracting Officer and the Contractor fail to agree to revised prices, the failure to

agree shall be resolved in accordance with the Disputes clause of this contract. The prices fixed by the Contracting Officer will remain in effect for the balance of the contract, and the Contractor shall continue performance.

(g) "Retroactive changes in wages or working conditions." (1) In the event of a retroactive wage adjustment, the Contractor or the Contracting Officer may request an equitable adjustment in the prices in this contract.

(2) The Contractor shall request a price adjustment within 30 days of any retroactive wage adjustment. The Contractor shall support its request with --

(i) An estimate of the changes in cost resulting from the retroactive wage adjustment;

(ii) Complete information upon which the estimate is based; and

(iii) A certified copy of the collective bargaining agreement, arbitration award, or other document evidencing the retroactive wage adjustment.

(3) Subject to the limitation in paragraph (g)(2) of this clause as to the time of making a request, completion or termination of this contract shall not affect the Contractor's right under paragraph (g) of this clause.

(4) In case of disagreement concerning any question of fact, including whether any adjustment should be made, or the amount of such adjustment, the disagreement will be resolved in accordance with the Disputes clause of this contract.

(5) The Contractor shall notify the Contracting Officer in writing of any request by or on behalf of the employees of the Contractor which may result in a retroactive wage adjustment. The notice shall be given within 20 days after the request, or if the request occurs before contract execution, at the time of execution.



## Section M - Evaluation Factors for Award

EVAL CRITERIA & BASIS OF AWARD

## Section M - Evaluation Factors for Award

## SECTION M

## 1. EVALUATION CRITERIA AND BASIS FOR AWARD.

1.1. The Government intends to award 3 or more multiple indefinite delivery indefinite quantity (IDIQ) contracts resultant from the issuance of this solicitation to those responsible offerors submitting proposals that are determined most advantageous to the Government, price and other factors considered. The evaluation of proposals will be based on a technical evaluation of Past Performance and the Business Proposal submitted by each offeror. The Government intends to make multiple awards under this solicitation to allow for maximum competition for future task order awards. Awards under this procurement will be made to the offerors determined to be the best value to the Government.

1.2. Past Performance is twice as important as the Management Planning and Market Research. Additionally, the combined technical evaluation factors of (1) Past Performance and (2) Management Planning and Market Research are significantly more important than the combined price evaluation factors of Completeness, Reasonableness and Realism. However, the closer the merits of the technical proposal are to one another, the greater will be the importance of Price in making the award determination. In the event that two or more proposals are determined not to have any substantial technical differences (i.e. are technically equivalent), award may be made to the lower priced proposal. It should be noted that award may be made to other than the lowest priced offer if the Government determines that a price premium is warranted due to technical merit. A price premium may also be considered to facilitate award of contracts to three or more different offerors to gain the advantages associated with increased competition for future task orders.

1.3. Awards may also be made on the basis of initial offers without discussions. Offerors are therefore cautioned that each initial offer should contain the offeror's best terms.

1.4. Technical Proposals submitted in response to this solicitation will be evaluated in accordance with the Past Performance technical factor. See Section L paragraph L.2.2.

1.5. Business Proposals submitted response to this solicitation will be evaluated in consideration of the following factors in Section L, paragraph L.2.3.

- a. Completeness, and
- b. Reasonableness, and
- c. Realism.

1.6. Competitive Range. In accordance with FAR 15.306(c), "Competitive Range", the Government will evaluate all proposals and, if discussions are to be conducted, the Government will establish a competitive range. Based on the ratings of each proposal against all evaluation criteria, the Contracting Officer will establish a competitive range comprised of all the most highly rated proposals. The Contracting Officer may further reduce the competitive range for purposes of efficiency. Discussions may be in person, be telephone, or in writing at the discretion of the Contracting Officer. Section L, paragraphs L.2.2 and L.2.3 list the factors that will be used to evaluate each offeror's proposal.